Clinical Lecture
ON
CASES OF SYPHILITIC PARAPLEGIA.

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A MAN was brought into the hospital in September last with complete paralysis of the right lower extremity, some weakness in the left, and with little or no power over his bladder. He was a coachman, twenty-five years of age; and nine days before he came here he had been seized with "cramp" in the right ham, the pain being intense and paroxysmal, lasting perhaps two or three minutes, and recurring after a few moments' interval. The pains at first appeared to be caused by movement, but they gradually came to occur independently of any such provocation. From the first the limb was weak, but the man persevered in driving his master until two days before his admission, when he became completely incapacitated. Now it happened that he was in the service of a surgeon, who, being aware, from personal observation, that a year ago he had suffered from unmistakable syphilitic ulceration of the leg, referable to an infection six months previously, concluded that his paraplegia depended on the same cause, and sent the patient to the hospital.

When Mr. Broster, our resident medical officer, came to examine him, he found that the man had very severe pain between the bladebones, if he tried to sit up, and his back appeared to be very stiff. He was at once placed upon a water bed, but even as he lay on this he was never free from a dull aching in the dorsal region, which was increased to acute suffering if he tried to turn. Percussion along the spine did not occasion pain, but when it was applied about the second lumbar vertebra, the right leg was seen to twitch and a cramp-like pain was started in the ham. There were sharp pains "like knives" around his trunk, from the nipples to the hips, which were increased by movement, a numbed feeling about the belly, and a sensation, he said, "as if he had eaten too much." Sometimes the right great toe twitched, and this was accompanied by pains which shot up the leg and thigh. In the right leg a pin prick was scarcely felt at all, whilst in the thigh it was described as weight. In the left lower extremity there was also a similar modification of sensibility, but to a less extent. In both limbs there was blunted sensibility to touch, especially marked in the right, and in both pricks or pinches set up reflex twitchings. On the right side the patient could only slightly move the ankle-joint, no other motion being practicable. The left lower extremity, on the other hand, though not so strong as in health, was not very materially lessened in power. The muscles of both reacted well to faradaism. There was paresis of the bladder. The pulse was 88; temperature 98·4° F. Urine free from albumen.

Without loss of time the iodide of potassium was given in doses of ten grains (increased in a few days to thirty) three times a day. The spine was painted for a few days with the oleate of mercury (15 per cent. solution), which was exchanged for inunction with mercurial ointment ten days after his admission. When a drachm of this had been rubbed in daily for eleven days, the gums became tender, and it was continued at longer intervals. This, with the addition of a hypodermic injection of morphia occasionally during the first few days, when his pains deprived him of rest, constituted the treatment.

The patient's progress was as follows. On the sixth day he felt stronger, and had slept fairly without a sedative. He could sit up in bed by himself, and was able to bend his back without pain; there was still, however, decided stiffness in his spine. The action of the bladder had become normal. On the tenth day the cramp-like pains and twitchings had ceased, and he could bend his back freely. For the first time, too, he could now move his right leg and raise it from the bed. The cutaneous sensibility was also distinctly improved; he could feel a gentle touch, but still could not recognise the prick of a pin. The feeling of distension in the belly had disappeared. Days passed, and he continued to improve steadily in the power of his right lower extremity, the force of the muscles which move the hip-joint returning before that of those belonging to the leg and foot. On the thirty-sixth day it is noted that the patient is up and about and walking very fairly, his only inconvenience being that he sometimes gets a cramp in the back of the right thigh and slight pain in the hypogastric region. The right leg seems as strong as the left. There is no longer any defect of sensibility. On the fiftieth day he was discharged, and returned almost immediately to his occupation, which he continues to follow.

There is a point about the patient's temperature which I must not omit. Even in the first few days, when the treatment was but just commenced, the thermometer seldom marked so much as one degree above the normal rate, and on only two occasions during his illness (both within the first four days) did it reach so high as 100°.

It is quite evident that in this case there was a more or less circumscribed inflammation of the spinal meninges, which the seat of pain and the distribution of paralysis enable us to locate in the lower dorsal portion of the cord, affecting especially, though not exclusively, its right half. With the clear history of syphilis before us, we can well imagine that the meningitis was gummatous, and that it probably involved especially the internal surface of the dura mater (pachymeningitis), but extended also to the contiguous soft membranes. In such a condition (as, indeed, I have confirmed post mortem in another case) there may be a complete agglutination and thickening of the membranes, leading, if not arrested, to softening of the cord, with no greater elevation of temperature than was observed here. Note also that there was no tenderness on percussing the vertebral spines. The absence of this symptom is too often regarded as being almost inconsistent with the existence of serious lesion of the cord or its coverings. Nothing can well be less founded on fact. If we put aside cases in which the vertebral column itself is diseased, we shall find that the existence of very marked spinal tenderness points strongly in the direction of a functional nervous affection of comparatively little importance, and does not indicate a serious organic lesion of the spinal cord. On the other hand, the stiffness of the spine which this man had, and the exquisite pain which attended his efforts to turn in bed, whilst they are highly characteristic of spinal meningitis, form no part of the symptoms of "spinal irritation." Happily, in this instance, we have not had the opportunity of confirming our diagnosis. Fortune favoured the patient in giving him a medical master, for he would probably, I suppose, have become at the least permanently paraplegic, if even he had escaped with his life, had not the nature of his case been early recognised, and the treatment adopted by which he was rapidly and completely cured.

It will have been noticed that although the loss of power was almost confined to the right lower extremity (where it was complete), there was considerable cutaneous anæsthesia in both limbs; in the right, however—the side most paralysed—more than in the left. Now we know from Brown-Séquard's discovery that in hemiparaplegia from disease or injury of one lateral half of the cord, whilst the limb of the affected side is paralysed as to motion, loss of cutaneous sensibility is confined to the opposite extremity, the paralysed limb itself being indeed somewhat hyperæsthetic. This is explained, as is well known, by the sensory fibres crossing over at once to ascend in the side of the cord opposite to that at which they have entered. In the present case the history, and still more the result (for the man could hardly otherwise have made the absolute recovery which we have seen), show that the cord itself could not have been the seat of any destructive lesion. The mischief evidently lay in the membranes, and was more or less diffused. There can be little doubt that the inflammatory products, whilst almost confined to the back part of the left side of the cord, where they pressed upon the posterior roots, and thus caused loss of sensation in this limb, left the anterior roots of this side nearly free. In the right half, however, both posterior and anterior roots must have been involved in the inflammatory changes—hence the radiated pains and cramps, followed by loss of power and anæsthesia. I dwell particularly upon this point because it seems to me to present something more than a physiological interest. In treating a patient with complete paralysis, which is almost entirely confined to one lower extremity, if we find the loss of cutaneous sensibility greatest in the most paralysed limb, we may reasonably infer that the lesion is not situated in

the cord itself, but affects its coverings, and our prognosis will of course be most favourably influenced by this consideration.

There is more difficulty in forming an exact diagnosis in the case of Margaret M——, aged twenty-nine, a married woman of respectable appearance, who came to the hospital with so much loss of power and numbness in both lower extremities (especially the right) that she could only just manage to walk with help into the consulting-room. It seemed that she had been attacked three months before with feelings of numbness and pins and needles in the feet, and that these symptoms had gradually extended upwards, in spite of medical treatment, so that her arms had become involved, and she could scarcely do anything to help herself. There was also constipation and delay with the bladder, besides a feeling as of a tight band around the waist, and "deadness up to the chest." She had been married four years, had two living children, and one who had died. Her left pupil was observed to be smaller than the right, and of somewhat irregular outline, but she had no complaint to make of her sight; could read No. 1 Snellen easily, and did not remember to have ever had anything wrong with her eyes. On using the ophthalmoscope (which we employ, thanks to the wise teaching of Dr. Hughlings Jackson, as a matter of routine) we found in the right eye very evident remains of disseminated choroiditis in the form of numerous atrophic and pigmented spots, whilst in the left there were old adhesions of the iris and opacities of the vitreous body. There was no history of bad sore-throat or eruption on the skin.

Ten grains of iodide were ordered to be taken three times a day. In a week she had almost entirely lost the feeling of tightness round the waist and the "deadness." In another week it is noted that there is now no numbness in her legs, and no longer any delay with the bladder. The hands, however, were still very numb and dead, so that she could not use a needle or pen. The dose of iodide was increased to fifteen grains. A week later, and she had managed to do a little work, whilst by the end of a month she reported herself as being perfectly well, and we did not see her again.

The ophthalmoscopic appearances in this case (which Dr. Liebreich was good enough to confirm) point to constitutional syphilis with such force that the corroborative evidence afforded by the immediate influence of the iodide is scarcely needed to establish the specific nature of the lesion from which this woman suffered. But as regards the exact character of this lesion I do not think we are in a position to speak with certainty. It was diffuse; not a tumour, for it spread gradually upwards till it came to involve the motor and sensory tracts to the upper extremities; and, besides this, there was no exaggeration of reflex action on tickling the soles. It could hardly have been meningitis, for there was no stiffness of the spine, nor were there pains of any kind. The most probable suggestion appears to be that there was an alteration of blood circulation in the membranes of the cord. The mode in which the affection travelled upwards reminded one of those terribly fatal cases of acute ascending paralysis which are not often seen; but the length of time which was in this instance occupied in the process, and the patient's eventual recovery, are more than sufficient to exclude such an explanation. It was chiefly, also, in its comparatively slow progress that it differed from the case of a man who was under my care in this hospital six years ago,[1] in which an extension upwards of some lesion inducing similar symptoms, so as to involve the medulla oblongata, placed the patient in the most imminent danger from paralysis of the muscles of respiration. Yet in many points—especially in the absence of pains and of stiffness, and the association of numbness with motor palsy—this woman's case resembled that of the man described. In each, too, there was evidence of syphilis, and the man began to improve immediately, just as did the female, under the employment of iodide, and they both recovered perfectly. A case of a very similar character was treated by Professor Wagner;[2] it also occurred in the sequel of syphilis, and was immediately influenced and rapidly cured by specific treatment. The peculiar characteristics of such cases, of which there are several on record, are that there is an ascending paralysis, involving both motion and sensation to a greater or less extent, which is unaccompanied by fever, or by any of the ordinary evidence of meningitis, but which the resulting complete recovery shows can hardly have been due to myelitis. Whether a travelling change in vascularity of the soft membranes, with perhaps some resulting œdema, will account for the symptoms is little but mere conjecture. Nor can we at present satisfactorily explain—supposing that idea to be accepted—the particular mode in which constitutional syphilis (the association with which is too frequent to be a mere coincidence) brings about such an altered condition of circulation. But it is not, perhaps, extravagant to suppose that there may be a thickening of the walls of minute bloodvessels (with a consequent diminution of their calibre), which gives way to specific treatment.

[1] Clin. Soc. Trans., vol. vii., p. 75.
[2] Archiv der Heilkunde, 1869, p. 105. Leipzig.

Croonian Lectures
ON
SOME APPLICATIONS OF PHYSICS TO MEDICINE.

Delivered at the Royal College of Physicians of London, March 1879,

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LECTURE I.—PART I.
PHYSICAL BASIS OF AUSCULTATION.

IT must be obvious to any thinking person in the present day that, whereas certain branches of practical medicine are rapidly tending towards chemistry, others must ultimately in a similar way be absorbed into physics. It will be a long time before such a desirable result can be attained, and it will not, perhaps, be attained in our day; but it is our duty to hasten this absorption of the smaller, or rather the less scientific, department into the more accurate methods which are represented by the two opposite poles of physics and chemistry. At present it may be claimed for the physical department of medicine that it is more advanced than is the chemical department. We know very little of the internal and actual functions of the organs of the body. We can explore some way down one passage, the air-passage; we can feel some little way down another; we can examine with our fingers and eyes a certain way upwards in other passages; but when we reach the ends of this exploration, there is a large *terra incognita* between. In regard to digestion, there is no doubt we can pour into the stomach various reagents and substances which will produce a powerful result, sometimes such as we wish, and which we can control, but not always. On the other hand, we may, to a certain extent, obtain proof of the correctness of our knowledge in the respiratory tract. In the respiratory and also in the circulatory system we may, and shall in the course of time, reduce the actions going on to purely hydrodynamical and pneumatic questions. If we are to reduce them with anything like accuracy; if that ultimate reign of mathematics over the sciences of observation, which has not yet come, is to be advanced, it must be, in medicine at least, by fully understanding the physical laws of fluids and gases in so far as they touch upon conditions of circulation or respiration. We have indeed, and we then shall be able to utilise, an immense multitude of recorded facts as regards both the one and the other process. In this century we have advanced to greater elaboration and precision in observing than were ever previously attained; but in many instances the theory by which a phenomenon is explained is materially behind the observations. The observations are good and abundant; they are almost too abundant; they remind one of the dictum of Bacon, that an observation repeated again and again is a *res puerilis*.

It has occurred to me that many of our *good old medical* observations require re-examination in the light of modern researches in mathematics, acoustics, and mechanics. Our old views of auscultation, percussion, and all similar means by which we explore the human body, are only of the date when those great advances were made. The researches of Helmholtz, of Marey, and of Haughton are of the greatest

importance in this direction, but because they lie a little out of the beaten track of medical men, they do not get the attention they deserve; I may add the admirable address of the President, in the Mechanical section of the British Association, delivered in August, 1875, at Bristol, on "stream lines." Of these, as being the common property of all scientific men, whether medical or others, I shall not hesitate to avail myself to-day. My proposal is, to go through one or two hydrostatic and hydraulic laws, upon which certain functions of the body connected with the circulation, and probably also with respiration, are founded. And first I hope to show you, by experimental demonstration, the laws which are involved. Where are we to look for these laws? For there are several regions, more than perhaps some of you may at first think, where physics is conterminous with medicine. In the questions which we, as medical men, have to consider, these are mainly three. First, the flowing of fluids through pipes and orifices; secondly, the laws of motion as influencing these; and thirdly, the acoustical results both in incompressible and in elastic fluids. I propose to speak first of incompressible fluids in two forms; as they flow through orifices, and as they pass through capillary tubes.

In 1644, Torricelli made a series of observations (following others by Castelli), tending to show that the discharge of water through orifices varied as the square root of the head or charge.

Now the head or charge may be simply described as the height of the surface of the water from the orifice through which it flows. If the vessel be constantly filled with water up to that level and allowed to discharge by the orifice, omitting friction (which is, however, an important factor), it can be proved that the velocity of efflux is that of a body falling through a height equal to that of the level above the orifice. The velocity may be represented by

$$V = \sqrt{2gh}$$

This old familiar equation of falling bodies in many respects is of great value. But when you come to measure experimentally on this plan by gauging the cross section of the orifice (taking the square of the diameter into $\frac{\pi}{4}$ as representing a circular area) and the outflow of the fluid during a given time, you ought to get the equation of falling bodies. But no such thing occurs. You can hardly refer this difference to friction. The friction round a small thin linear orifice is extremely small, but the actual outflow is only 0·62 of what is calculated by Torricelli's theory, about ⅔. That is all the water that comes out. Now, so far from this causing a difficulty, or reflecting in any way upon the mathematical demonstration, it has been thoroughly explained; and so simple is the explanation that it surprises one that engineers and other practical men should never have struck upon it sooner. All the water is tending downwards by the force of gravity, and it all desires to get out, but the particles are disposed differently at the edge of the orifice; some are only just sliding along the walls; nearly all the mass is more or less oblique to the axis of the orifice. What is the result? Just what should happen. The water as it comes out, carrying on the momentum it received inside, forms a curved surface, the narrowest point of which is much smaller than the orifice itself. It is this hustling and jostling of the particles which produces the effect termed the *vena contracta*. When once this fact is recognised, the only thing is to measure and allow for it. I have the proportions as estimated by French engineers, who have worked it out better than any Englishman with the one exception of that many-sided man Sir William Thomson. The general result of observation is that this vena contracta, where the streams meet and obstruct the coming out, occurs at about the radius of the orifice from and beyond it, and that, if the orifice be circular, it measures 0·79 of its diameter, the area of which is equal to $(0{\cdot}79)^2$, or ·6241.

There are also two other curious phenomena, which have engaged the attention of Poncelet and Savart. As the water comes out it closes in and becomes smaller; but soon after it has got past the orifice a rotatory motion takes place. It also begins to oscillate in a direct line, and in a sense to become like a wave, insomuch that the column breaks up. The impulse seems to act and react; there is a conversion of the first calm transparent part, like a stem of crystal, into a second, agitated, more or less opaque, so far possessed of regular form that it can be seen to be divided into a certain number of elongated swellings, of which the maximum diameter is greater than the orifice, separated by narrower portions. The cause of this rotation is not yet explained. There have been, indeed, feeble attempts at explanation, the resistance of the air, the resistance of the fluid, or its viscosity. I propose to show you, in the first instance, the vena contracta; secondly, the longitudinal vibration which always occurs when fluids flow through an abruptly constricted orifice; and lastly, the rotation or inversion as it has been termed. [*It was shown that the water is contracted by its own velocity about the diameter of the orifice; that it becomes discontinuous, setting up a vibratory motion in the column as it comes out; and that it rotates.*] The efflux with a linear orifice is only 62 per cent. of the quantity which ought normally to come out of the area of the orifice, but it can be very much altered by nozzles—what the French call *ajutages*. If you put a cylindrical tube into the hole, so as to diminish the jostling by carrying the fluid in a parallel line, it raises the amount to 82 per cent.; if you take a truncated cone it raises it to 92 per cent.; if you take a truncated cone inverted with its smaller end directed towards the cistern, a very curious result occurs; instead of raising the efflux to 100, it does a great deal better—it gives 125. The cone outside throws backwards the reciprocal action of the fluid particles inside. Your nozzle becomes, as it were, the vena contracta, moulding within the cistern an imaginary cone, which enables the orifice to deliver a much larger efflux than according to the original calculation.

Now, it is to the action of this vena contracta, and to the rotation and vibration which seem to be its constant concomitants, that nearly all the fluid murmurs and thrills which occur in the human body must be referred. I believe that wherever an obstacle is placed in the way of a current of air, vibration occurs; to this cause I refer the respiratory murmurs heard in the lungs; but, without even going so far, there can be no doubt that cardiac murmurs, murmurs in incompressible fluid, depend to a very large extent upon vibration in the current of blood. In both cases a back eddy, a vena contracta occurs, and in that vena contracta there is vibration.

REMARKS ON LITHOTRITY AT ONE SITTING.

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WHEN I first became aware of the views of Prof. Bigelow on the treatment of stone in the bladder by rapid lithotrity and large instruments, I confess that they seemed to me crude in theory and likely to lead to dangerous results in practice. A more careful examination of the subject and a perusal of his excellent paper have induced me to modify my first impressions, and to think that in the new method it may be found that we possess, not only a novelty, but a real advance in practical lithotrity.

In common with all English lithotritists, it has hitherto been my habit, at the first sitting, to do but little with the instrument (not knowing what the tolerance of the bladder would be), and at subsequent sittings to act more freely. I have, of course, met with cases, though they are rare, in which one sitting has sufficed to bring about a cure; more frequently there have been five or six, sometimes ten or twelve, and occasionally fifteen or even twenty sittings,—depending in great measure on the size of the stone and the power of the patient to void the débris. In old persons with a weak bladder and enlarged prostate I have generally introduced the lithotrite two, three, or four times at a sitting; and in some cases of chronic retention of urine combined with calculus it has been necessary to remove as well as crush the whole of the stone. In doing this I have sometimes used Clover's syringe, but more frequently have trusted to the quicker and less disturbing action of the scoop lithotrite.

Speaking generally, the chief principles of English lithotrity, as taught by Brodie and subsequent writers, are—1,

to do as little as possible with instruments, especially at the first sitting, leaving the extrusion of the fragments as much as possible to natural efforts; and 2, to use small rather than large instruments. Bigelow's method, as a leader-writer in THE LANCET has said,[1] is based on opposite and contradictory principles. He proposes—1, to do as much as possible at the first sitting, and, in all but very large stones, thoroughly and at once to clear the bladder; 2, to use the largest instruments for this purpose which the urethra will allow. Both these propositions are new to English lithotrity. He argues that the average bladder and urethra are not extremely susceptible, and that more harm is done by leaving sharp angular fragments to worry the mucous membrane than by the prolonged use of smooth-polished instruments in removing them. In evidence of this tolerance of the bladder, he refers to the generally favourable results of lithotrity; to the success in the treatment of urethral stricture by forcible dilatation and laceration; and to the quick recovery of the bladder from the bruising and injury inflicted during the removal, by lithotomy, of large or rough stones.

The use of large instruments in crushing the stone, and especially in evacuating the fragments, is quite as great an innovation as the principle of the comparative harmlessness of long sittings. I have hitherto felt that large instruments, whether for crushing or evacuating, are more apt to produce rigors, fever, and cystitis than small ones, and it is probable that this view is correct when ether is not used. With full anæsthesia, however, Bigelow maintains and has found that no harm comes of using instruments equal in size to about 16 to 20 English scale, and it is certain that, without these large evacuating catheters, lithotrity at one sitting on his plan will not be practicable for full-sized stones.

The question then for solution is, Which principle is correct and most generally applicable—short first sittings and instruments of moderate size, or thorough clearance of the bladder at one sitting by means of large evacuating tubes? I do not now propose to give any decided opinion; time and experience can alone decide the question, and as a contribution helping to this end I wish briefly to report a few cases in which I have recently adopted Bigelow's method.

CASE 1.—F. R——, aged thirty-one. Stone of about two years' growth; it measured an inch and a half in one, and an inch in another diameter. Urine and bladder healthy; can retain water from one to two hours.—February 27th: Under full etherisation, I removed the whole stone at one sitting, using two of my ordinary unfenestrated lithotrites by turns, and a No. 16 evacuating catheter. The lithotrites were used alternately nine or ten times, and the evacuating tube twice. The time occupied was about half an hour. The quantity of lithic-acid stone weighed, when dried, 240 grains, of which 180 grains were removed by the tube and 60 by the lithotrites. Scarcely any bleeding accompanied the proceeding. I took care, as I always do, to keep the patient covered, both body and limbs, with thick flannel during the operation, and at the conclusion a half-grain morphia suppository was placed in the rectum. No rigor or trouble of any kind followed; he passed a few fragments the next day which had escaped detection, and on the fourth day he had lumbar pain and a rise in temperature, which subsided on the fifth day, when he voided an entirely fresh stone, which had probably just escaped from the kidney or ureter. In a few days more he was quite well.

CASE 2.—J. R——, aged sixty-one, a stout, heavy man, with an irritable bladder, so irritable that I had almost resolved on lithotomy, although the stone was not large, but the success of the previous case encouraged me to repeat the experiment.—March 2nd: Under ether, and in a quarter of an hour, I removed the whole of a stone, which measured about an inch. The same instruments were used. The lithotrites were introduced five or six times, and the evacuating tube twice. The dried fragments of stone which were saved weighed 80 grains, of which 52 were removed by the lithotrites, and 28 by the catheter. The patient had no bad symptoms; he voided no more stone; got up and walked about the next day, and was quite well in a day or two more.

CASE 3.—Mr. D——, aged sixty-six, a farmer from Suffolk, a very nervous timid man, grey-haired, but stout. His father died after lithotrity many years ago, and several members of his family are subject to stone or gravel. His urine is healthy, but his bladder is very irritable, and he micturates with great pain every hour or hour and a half. On first sounding, without ether, the stone appeared to be of a magnitude to require lithotomy. He could not, however, bear the full use of instruments. On March 12th I therefore gave him ether, in order to measure the size of the stone accurately. Finding it not exceeding an inch and a half, it was at once crushed and removed, as in the other cases. The lithotrites were used six or eight times, and the evacuating catheter thrice, after which I could detect no fragment with a sound or lithotrite. The sitting lasted about half an hour. The stone was lithic acid, with a thin covering of phosphates, and weighed 133 grains when dried, of which forty where removed by the lithotrites and ninety-three by the catheter. There was rather more bleeding than in the other cases. A morphia suppository was used, and he was ordered chiefly a milk diet. Retention of urine followed, which required the catheter every three or four hours for a few days. He was feverish, and had slight cystitis and considerable pain about the root of the penis. About a week after he again took ether, and a few small fragments were crushed and removed with the lithotrite alone. This was not followed by retention, and his bladder was easier, but for some time he continued to experience bladder irritation and urethral pain during micturition.

CASE 4.—Mr. C——, aged seventy-four, a large rubicund gentleman, with two or three small stones, and increasing vesical irritability. He has long suffered from lithic gravel and small stones, but of late, owing, as he thought, to the use of rain water, no gravel has been passed. It was rather that as his age increased so did his prostate gland; the outflow of urine became somewhat impeded, and calculi, which used to escape easily, were now detained in the bladder. On March 13th, under ether, and in about ten minutes, two or three small uric-acid stones were broken and removed by the same instruments as in the former cases, in all thirty grains; but in this, as in the other cases, there was a considerable amount of fine sand and pulverised stone, which was lost. A little cystitis followed, but in a week's time he was well.

CASE 5.—Mr. W——, aged sixty-one, a large robust man, with a small stone and symptoms of moderate severity.—March 20th: Under ether, and in a few minutes, the bladder was cleared of a lithic stone which weighed between twenty and thirty grains. In this case the orifice of the urethra was small, and required to be slit up for half an inch in order to extricate the lithotrite filled with stone, and to allow No. 14 evacuating catheter to enter. He had no trouble afterwards, and was well in a few days.

In these cases I used only the ordinary unfenestrated lithotrites, and the smallest of Bigelow's catheters. It was easy to recognise the advantage of the full-sized evacuating catheter, and to see that the larger the catheter the greater will be the rapidity and facility in removing fragments. Further experience will, perhaps, enable me to overcome the prejudice against these large instruments, and at the same time to manipulate them more deftly; in the meantime, I think the new plan should not be attempted by anyone who has not already acquired by plentiful experience on the living, and by repeated experiment on the dead body, all the little knacks and tricks which go far to make up successful lithotrity.

The behaviour of the bladder towards a stone in it is most peculiar and puzzling. In one case it displays almost perfect indifference, and even acts the part of host with an approach to hospitality, and allows the guest to stay and grow until it reaches enormous proportions. Some years ago I made a post-mortem examination on an old man dead of abdominal aortic aneurism, and discovered accidentally that the bladder contained a large lithic stone which weighed nearly nine ounces. The bladder was healthy, and the mucous membrane pale. For years I had occasionally attended this patient, but so little did this large stone trouble him that neither he nor I was aware of its presence. In other cases, no sooner does a stone enter at one portal than the conflict begins, and goes on until either it is turned out along the urethral passage at the other portal, or the bladder is perpetually fretted, worried, and inflamed until either the surgeon or death comes to end the dispute. So it is under lithotrity; it is impossible, or nearly so, to predict when inflammation and trouble will follow a sitting. Oftentimes it comes on when the stone is small, the patient healthy, and the manipulations have been most gentle and easy. In

[1] Vide THE LANCET, Feb. 15th, 1879, p. 245.

other cases the roughest handling under adverse circumstances is borne with impunity. It is this uncertainty which has hitherto made me careful to do but little at the first sitting. But it may be that the boldest course is the safest; and it must be admitted that when cystitis does follow the first sitting, it is a comfort to feel that by the new method there are no sharp fragments to perpetuate the irritation and retard recovery. Cases such as these I have reported, and a study of those related by Bigelow, will go some way to win a place for this new method in English practice. What that place may be—whether it will extend the limits of lithotrity, and, if so, to what extent; what modifications of it and improvements in it are possible,—these are points which further experience will decide. In the meantime I cannot forbear expressing my high appreciation of the work which Professor Bigelow has already accomplished, and of the fair, candid, and forcibly written essay in which he has advocated his views.

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NOTES ON UNUSUAL OR RARE FORMS OF SKIN DISEASE.

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PHYSICIAN TO THE DEPARTMENT FOR SKIN DISEASES IN UNIVERSITY COLLEGE HOSPITAL.

III.—CASE OF ACNE CACHECTICORUM.

EDMUND T. C——, aged fifty-three years, unmarried, and a "ne'er-do-well," who had become broken in circumstances and a wanderer, consulted me in 1877 for an acneiform eruption studding the greater part of his skin. He was under the impression that he had syphilis when thirty years old, and had a chancre on the outside of the penis. He was certainly treated with mercury, but never had an eruption. He showed no sign of syphilis at this date (1877), and was not scrofulous. After four years spent in America in search of a living, during which time he endured great privations and lived very badly, sometimes not tasting meat for a month, and living to a great extent on brandy-and-water and tea, he returned to England in 1873, and then first noticed some spots on his legs, for which he consulted a medical man. Probably the patient was looking very cachectic, for he was told he wanted potash in his blood, and was directed to take plenty of well-cooked vegetables and meat. He then lived under slightly better conditions for two months, and badly again for fifteen months. The spots were not very much noted at this time, but still confined to the legs. In March, 1875, in consequence of coming into possession of a little money, he stopped at the seaside for five weeks, and indulged in various excesses. Here he grew worse in health, fresh crops of spots came out, and for the first time a few on the back of the forearm, and the old spots became inflamed. On his return to London his doctor diagnosed secondary syphilis, and treated him accordingly for three months, but without benefit. The eruption continuing, he attended a hospital for three months in the summer of 1876. Subsequently he took a series of Turkish baths, and in April, 1877, he applied for treatment at University College Hospital. At that time his legs, from the groin downwards to the ankle, and the arms to just above the elbow, were dotted over pretty thickly with very indolent unmistakable acne spots having a hard *livid base* and a slight purulent cap in many cases. They were most numerously situated on the front of the thigh and back of the leg, and on the external aspect of the arms. There were none on the trunk nor on the face. The patient was put upon cod-liver oil and a mixture of dilute nitro-hydrochloric acid and perchloride of iron, and at once commenced to mend. Circumstances enabled him at this time to lead a more settled life, and consequently he was enabled to take meat and vegetables at least twice daily, and on October 30th, 1877, two or three months afterwards, he presented himself without a trace of eruption excepting some staining and faint pitting here and there. During the time he remained under observation the man had no itching whatever and no other uncomfortable sensation about the skin of any kind, which was a remarkable character of the eruption. Nor could I detect any sign of syphilis about him.

Remarks.—Hebra describes this disease as occurring in cachectic persons and especially scrofulous subjects, and also in patients recovering from scurvy; and in the latter case as having a purplish hæmorrhagic border around the separate spots; the eruption resembles a syphilitic rash, but leads to no specific ulcers. My case fulfils exactly the conditions pointed out by Hebra as belonging to the disease following in the wake of scurvy.

Iodide of potassium may in some cases excite an acneiform rash, more or less generally about the body, especially the limbs, but it is acne of a bright-red hue and active progress; it subsides on the omission of the drug, and is not necessarily connected with cachexia.

I record this case of acne cachecticorum for the special purpose of contrasting it with pruriginous hydroa. The latter is essentially a *pruritic* disease, perhaps the most pruritic disease there is, made up of paroxysmal attacks of eruption composed at the outset of small bullæ, which may become somewhat purulent, and resemble acne spots, but which soon subside into pruritic papulations, and torment the patient for weeks and months. Acne cachecticorum is never pruritic; it is as indolent and sluggish a disease as can well be imagined. It is not paroxysmal in its attack; it is associated with definite cachectic conditions.

The case of disease recorded in a recent volume of the Medico-Chirurgical Transactions as one of acne cachecticorum is not that disease at all. It was an instance of pruriginous hydroa, and was under my care and observation some time. It was a very pruritic disease, made up of paroxysmal outbreaks of small bullæ and quasi-herpetic patches, not acneiform in any sense, and essentially neurotic in origin.

HYDROCELE OF THE FEMORAL CANAL.

By SAMUEL OSBORN, F.R.C.S.

HYDROCELE occurring in the female subject is always rare, but that of the femoral canal is less frequent than that of the canal of Nuck. The following case I believe to have been hydrocele of the femoral canal, or, in other words, a process of peritoneum projected from the general peritoneal cavity, and not a hydrocele of a femoral sac, where the communication with the peritoneum is shut off by either intestine or omentum becoming adherent to the mouth of the sac. My reasons for so thinking are that after the withdrawal of the fluid no impulse was obtainable on the patient's coughing, nor was there on manipulation any sensation of there being a rupture in the femoral canal.

Caroline S——, aged fifty-two, single, first noticed a swelling in her right groin eighteen months ago. About the same time she had been troubled with much sickness, and was attending as an out-patient at Middlesex Hospital, but is quite sure that the swelling did not commence during or immediately after a fit of retching. When first noticed she states that it was the size of her little finger, rather elongated, and like a swollen vein. For fourteen months she had no pain or trouble of any sort from the tumour, but four months ago it began to get much larger—in fact, twice the size it was before, and very hard. She then saw a doctor, who said she was ruptured, and she thinks he reduced a portion of the swelling, as it again went back to its original size. About fourteen days ago it again became larger, causing her much pain. This time she fancies she reduced the swelling somewhat herself. She had never worn a truss.

She first came under my notice at the Surgical Appliance Society, to which she had applied for a femoral truss, believing herself to have an irreducible hernia. On examination there was found to be a tumour over the saphenous opening about the size of a bantam's egg, smooth, fluctuating, and transparent by transmitted light, with some hard nodules below and at the inner side. When first seen taxis failed to make any alteration in its size; on a subsequent occasion, however, taxis succeeded in partially reducing the swelling, but the same evening it was again as large as at first.

Nov. 8th.—Cyst tapped and completely emptied; about nine drachms of clear, pale-yellow serous fluid being withdrawn; identical in all respects with the fluid obtained from a hydrocele of the inguinal canal. The hard nodules more

distinctly felt after the evacuation of the fluid were diagnosed as glands, as similar indurated lumps were felt about the saphenous opening of the opposite side. A pad of lint was bound on by a spica bandage to keep the surfaces of the sac in contact.

9th.—No pain or sickness. On removing the bandage the cyst was found to be still empty. Bandage reapplied until a femoral truss could be supplied.

19th.—Patient got up wearing a femoral truss, having been confined to her bed during treatment.

Dec. 5th.—No reaccumulation of fluid in the cyst.

Maddox-street.

HYPODERMIC INJECTION OF HYOSCYAMIA.

BY ARTHUR LEARED, M.D., F.R.C.P.,
SENIOR PHYSICIAN TO THE GREAT NORTHERN HOSPITAL.

THE following case is of interest in connexion with the administration of hyoscyamia, now proved to be a drug of great sedative power.

A gentleman, the subject of phthisis, had morphia nightly injected subcutaneously on account of sleeplessness and a condition of general irritability. The quantity had been gradually increased, until a grain was reached. Wishing to break through the noxious habit, I substituted for the morphia one-fortieth of a grain of hyoscyamia. In less than ten minutes after the injection the patient complained of giddiness, with a sense of compression at the top of the head. In half an hour after the injection some milk, recently swallowed, was vomited. Delirium now set in, the patient talked incoherently, and was with difficulty kept lying down. A curious effect of the drug was observed. Every object seemed much nearer to the patient than it really was. He would grasp wildly at something invisible to the by-standers, and this, on inquiry, was found to be the bed-post, placed at a distance of about four feet from him. When a cup was handed to him he invariably tried to seize it at a point nearer than where it really was. He constantly caught at insects, with which he said the bedclothes were covered. The pulse was quickened, but its volume seemed little altered. The pupils were widely dilated, and the sight so much affected that he was unable to read the address on a letter, even when the active effects of the drug were subsiding. The delirium and perversion of vision lasted upwards of four hours, after which time the compressed feeling in the head and obscurity of vision remained, and it was not until twenty-four afterwards that all sensations induced by the alkaloid had passed away.

The solution used was made by Messrs. Dinneford from the crystalline alkaloid. It is plain, from the accounts given in THE LANCET by Drs. Lawson, Prideaux, and Coghill, that the potency of the drug varies greatly. Dr. Lawson stated that he swallowed three grains, while Dr. Prideaux mentions one-sixth of a grain as the dose for subcutaneous injection. I congratulate myself on having used a much smaller quantity.

In connexion with my case there is one circumstance to be taken into account—namely, that the patient had been long accustomed to morphia, between the action of which and that of hyoscyamia an antagonism appears to exist. As the latter was injected at the time when the artificial want of the morphia was being felt, it may be that the action of the hyoscyamia was intensified by this circumstance. If this be the case, caution is necessary when antagonistic drugs are employed in succession in such a way that one is given just when the effect of another has subsided.

A preference is expressed by some of the writers quoted in favour of the amorphous alkaloid. I have always believed, in common with, I think, most people, that alkaloids in the crystalline form, when obtainable, are always to be preferred, as being most stable and most potent.

VACCINATION GRANTS.—Mr. Edward Scott, of Bromley; Mr. Roworth, of Orsett; Mr. John Taylor, of Halstead; Mr. P. B. Stoney, of Millom; Mr. Edward M. Spooner, of Blandford; Mr. Bey, of Donhead St. Andrew; Mr. F. Wimble, of East Malling; and Mr. Drinkwater, of Bicester, have received Government gratuities for efficient vaccination in their respective districts.

THE THERAPEUTIC VALUE OF REST IN THE TREATMENT OF DISEASE.

BY ARTHUR E. T. LONGHURST, M.D.

THE principles of treatment advocated by Professor Hilton in his lectures on "Rest and Pain," doubtless contributed very materially to the successful issue of many a serious and important case in surgery, and the study of mental disease has taught us much of the value of rest, but the practice of medicine has not, perhaps, yet derived its full measure of benefit from an application of the principle of rest in the treatment of disease. Yet, in the study and teachings of medicine, as in other scientific research after truth, if we only observe and follow out natural laws and indications, we shall have much that will guide us to what must be at least a rational course. Let us also bear in mind the teaching of the author mentioned, that practically the maximum of result is co-equal with the minimum of disturbance, and that rest becomes the great fosterer of repair.

In speaking of the advantages of rest in the treatment of disease, I desire to use the word in its most comprehensive sense, and in considering the principal diseases and affections of any of the great systems of the body, we cannot fail to see the importance of rest for the work that nature has to do, both in repelling the attacks of disease and in completing the work of repair. In affections of the brain and nervous system, whether as the result of injury or disease alone, or of both causes combined, is there any single agent of treatment so valuable as rest? Take, for instance, perhaps, the slightest of cerebral affections, "concussion." What a lengthened rest of mind and body is very often necessary to recovery, or for the prevention of serious disease. In "compression," due to fluid extravasation, of what vital moment is rest. Equally, in affections of the membranes or substance of the brain, or in that state of arterial tension and inequality due to fibroid or other degenerative change in the bloodvessels, which is too often the forerunner of apoplexy, rest is our first consideration. Again, in conditions of extreme nervous exhaustion, as in the overwrought brain, or in delirium tremens, of what value is rest?—when even opiates sometimes fail to induce that most perfect state of rest, sleep, and we obtain it by placing the sufferer as far as possible in a condition of mental and bodily quiet, and by giving milk and other easily assimilated nourishment, with or without chloral and bromides. In affections of the spinal cord and its membranes, how often has a lengthened rest in the horizontal posture been followed by recovery.

In affections of the circulatory system, we have an example of a twofold character. The heart itself, obtaining no lengthened period of repose, is less amenable to treatment, even of the nature here advocated. The bloodvessels, on the contrary, are most favourably influenced by certain postures in which they obtain rest, and disease is modified accordingly, as shown in the recumbent treatment of aneurism of the aorta, or in the complete rest given to the sac which follows the surgeon's ligature of the smaller vessels.

In the respiratory system the importance of the principle of rest is seen in the need of quiet, in the absence of conversation, and in the use of nervine sedatives in irritable states of the respiratory tract of the medulla, as in spasmodic asthma, whooping-cough, &c. Affections of the digestive and urinary systems also are very markedly influenced by certain conditions and treatment which give rest to the troubled viscera—notably certain states of the stomach in which vomiting is a distressing and urgent symptom. Yet how sensibly and often speedily is it relieved by withholding all ingesta for a time, and by covering the epigastrium with a warm soothing poultice or an application of belladonna, or other sedative acting on the ganglionic nervous centres. The liver, over-stimulated by dietic excess or indiscretion, loses its proper rest and becomes disorganised, unless by a change in the mode of life rest can be secured for it. The kidney, too, if its functions are disturbed by the abuse of alcoholic drinks entailing an unnatural and continued strain on its organism, alike suffers from loss of rest, undergoing permanent degeneration and decay.

In affections of the serous membranes, especially in acute inflammations of their structure, how important an agent is rest; and if, in pericarditis, we can moderate the heart's

action; or, in pleurisy, diminish the frequency of respiration by the employment of sedatives, thus giving a measure of rest to the inflamed and sensitive membrane, we shall doubtless aid nature in her effort, and lessen the probabilities of damage to the structures involved.

I have said that I desire to use the word rest in its most comprehensive sense, and the following mention of some of the varieties of rest obtainable in the treatment of disease will give expression to my meaning:—

1. Mental rest.
2. Bodily rest.
3. A combination of the above, as in that most perfect state of rest which we call "sleep."
4. Organic rest, as evidenced in the avoidance of exertion in cardiac disease; of talking, in affections of the respiratory tract; and in limiting, so far as possible, the act of deglutition in affections of the alimentary tract by the substitution of enemata.
5. Local rest, as secured by change in the position of body or limb, the use of pillows, cushions, &c.
6. Dietic rest, by avoiding the too frequent use of food and drink.
7. Medicinal rest, in the relief of spasm by inhalations and the not too frequent administration of medicines to the prejudice of nutrients or stimulants. By a consideration, then, of the question as to the manner in which the principles of rest above indicated may be best applied in each special case of disease, we shall no doubt conduce very materially to the relief and comfort of the sufferer, as well as to the arrest of diseased action.

Wilton-street, S.W.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

CARCINOMA OF THE ŒSOPHAGUS; GASTROSTOMY; DEATH ON THE FIFTH DAY.

(Under the care of Mr. M'CARTHY.)

FOR the following notes we are indebted to Mr. Frederick Treves, F.R.C.S., surgical registrar.

The subject of this operation was a man sixty-one years of age, well-developed and of fair physique, who was transferred from Dr. Sansom's to Mr. M'Carthy's care in the early part of last January.

On admission he stated he had always enjoyed good health, and considered himself a strong man. In August last he began to be troubled by a regurgitation of food after eating. He first of all felt sick during and after his meals, especially after solid food. In a little while the more solid portions of his food would return immediately after they had been swallowed, and he became sensible of some obstruction at a spot defined as "the middle of his chest." Month after month this trouble increased, until he could retain only liquid or semi-liquid nourishment. He continued to work until, feeling that his strength was somewhat rapidly declining, and being aware of a progressive loss of weight, he applied for admission into the hospital. He had never experienced pain in the gullet, nothing beyond the great discomfort of the obstruction. The regurgitated food had never presented any traces of blood; there had never been the least hæmatemesis, and he could not account for his trouble.

A day or so after his admission the gullet was explored. A full-sized bougie was readily passed thirteen inches, when it came upon an absolute obstruction. A No. 5 bougie, when an equal length had been passed, encountered the obstruction, but slid readily through it into the stomach. A little blood followed the introduction of the bougies, although the utmost gentleness was used. On Dec. 20th the patient weighed 7 st. 12 lb. On Jan. 6th, when he came under Mr. M'Carthy's care, his weight was 6 st. 7 lb. He was naturally a somewhat spare man, whose weight in health would probably have been about 9 st. or 10 st. On Jan. 6th bougies were again gently tried, but the passage was found to be impermeable, even to the smallest instrument. The man was now wasting rapidly; the dysphagia was still increasing, so that even liquid food had to be swallowed very slowly to prevent regurgitation. His strength was failing, and he had nothing before him but a gradual death from starvation.

A careful examination of his chest having yielded none but negative results, and the patient's vital powers being still of such a character as not to forbid a formidable operation, gastrostomy was proposed and readily agreed to by the patient, he being well aware of the nature and purpose of the operation.

On Jan. 8th gastrostomy was performed by Mr. M'Carthy, the patient having been previously supported by nutrient enemata of a concentrated character. Chloroform was given, and the operation carried out with strict antiseptic precautions. Mr. M'Carthy's incision, an inch and a quarter in length, was made parallel to the left costal cartilages, and about a finger's breadth from their borders, terminating below at an imaginary line joining the summits of the convexities of the ninth pair of costal cartilages. The peritoneum having been cautiously opened, Mr. M'Carthy introduced his finger into the wound and felt for the stomach. The costal cartilages being much everted, as is common in subjects of the patient's age, the abdominal walls were in this situation held up, as it were, and carried away from the viscera. The stomach lying against the spine, empty and contracted, some little difficulty was experienced in securing the viscus, the wound being only large enough to admit the finger. Along the lesser curvature of the stomach, and also behind the organ itself, the operator's finger encountered indurated masses presumed to be of a malignant character.

A portion of the stomach was now drawn through the opening, and retained there by a pair of fenestrated forceps, whilst it was attached to the margin of the incision by means of carbolised silk sutures. To secure it more certainly a stout double suture was passed through the wall of the viscus and secured on either side to the margins of the wound; the two ends of the suture being tied over a pad of carbolised lint that had been placed across the wound. No hæmorrhage occurred. The dry antiseptic dressing was then adjusted. The patient's temperature after the operation was 95·4°, the pulse 72. Mr. M'Carthy suggested, as a probable explanation of so low a temperature, the long exposure of a large portion of the patient's body to the cooling effects of the carbolic spray.

The operation was performed at 2 P.M. At 8 P.M. the temperature was 99·4°.

Jan. 9th.—Patient comfortable. Had a good night. Temperature 98·4°. Fed entirely by frequent enemata. On examining the wound great contraction was found to have taken place. So greatly indeed had the stomach contracted that the edges of the wound were perfectly inverted, and the abdominal opening presented a chink merely bounded by parallel borders of skin. By means of the stout ligature above mentioned, Mr. M'Carthy easily drew the viscus forward, and secured it against further displacement by three hare-lip pins passed through both the stomach and the margins of the wound. The stomach was then opened and secured to the edges by suture. Some trifling hæmorrhage ensued, which was, however, immediately controlled by ice. The antiseptic dressing was not repeated. A hypodermic injection of morphia was given, and sixty grains of grape-sugar ordered to be added to each enema. In the afternoon the patient complained of a little pain of a "dragging" character in the left hypochondrium. The pain troubled him only when he spoke or made an effort to cough. Evening temperature 99·8°.

10th.—Patient had slept well. Temperature 98·8°. Complained chiefly of tasting the grape-sugar in his mouth, and said that it made the saliva viscid and unpleasant. Pain in the left hypochondriac region greater. Temperature 98·8°. Enemata given every four hours, and all retained. Did not feel hungry. Sucked ice constantly. Hypodermic injection administered. The edges of the stomach incision were found glued together with mucus; one of the pins was removed, and a slip of oiled lint passed gently between the edges of the orifice. The evening temperature was 99°, and during the night the bowels were naturally relieved.

11th.—Patient a little weaker. Temperature 98·2°. Pain when he coughed in the right side as well as in the left.

Hypodermic injection repeated. Grape-sugar discontinued. Wound looked well. Towards the evening the patient became feebler, the face flushed, the pulse small and 144; temperature 100°. The amount of brandy in each enema increased to one ounce.

12th.—Had a fair night, but now more feeble. Temperature 100·6°. At 11 A.M. Mr. M'Carthy passed a No. 10 elastic catheter into the stomach, having an ear speculum fixed to its outer end as a funnel. By this means a small quantity of a mixture composed of two teaspoonfuls of brandy to half an ounce of milk and eggs was introduced into the stomach. This made the patient feel sick, and the food was regurgitated through the opening as soon as the catheter was withdrawn. The proceeding, however, was repeated, and by retaining the catheter for about two minutes the food was retained. It welled up to the orifice at each inspiration, and was seen to have been changed into a curdy fluid of a brownish colour. The patient was fed in this manner with two teaspoonfuls of the above mixture every three hours. He remained pretty well during the day, but became worse again towards the evening, and died somewhat suddenly at 9 o'clock. The last temperature taken registered 100°. The patient, therefore, survived the operation four days and seven hours.

Autopsy (Jan. 13th).—Body weighed 5 st. 13 lb., without the clothes in which the patient was weighed during life; much wasted, but some fat was still present in the subcutaneous tissue. The œsophagus at its lower end was almost completely obstructed by a malignant growth that involved the canal for about 2½ in. The mediastinal glands were also involved, and nodules of carcinoma were found in both lungs. These nodules were connected with the bronchi, and had reached the deeper parts of the lungs by extension along those structures. Indeed, it would appear that the malignant disease had extended from the gullet to the lungs by direct continuity of tissue. Adjacent to the more superficial deposits in the lungs were patches of recent pleurisy. There was basal pleurisy on both right and left sides. In other respects the lungs were normal, as were all the other viscera, the stomach alone excepted. On examining the abdomen the stomach was found to be uniformly adherent at the point opened to the edges of the wound. Considering the comparatively short time the patient had survived, this adhesion was remarkably sound. There was not a trace of peritonitis. The lesser curvature of the stomach was infiltrated with carcinoma, and the glands behind the small omentum were similarly affected. There was a piece of healthy tissue between the œsophageal and the ventricular growths. In some remarks made at the autopsy, Mr. M'Carthy suggested that the pleurisy might have been in some measure due to the carbolic spray, the patient having no pleurisy before the operation.

The stomach, gullet, and portion of abdominal wall are preserved in the hospital museum.

ROYAL PORTSMOUTH HOSPITAL.

A CASE OF ANTISEPTIC OVARIOTOMY IN A SYPHILITIC PATIENT; RECOVERY; REMARKS.

(Under the care of Dr. J. WARD COUSINS.)

R. M——, forty-four years of age, stated that she had been married twenty-one years, and had given birth to five children, who had never manifested any signs of constitutional disease. She had never miscarried. Eight years before admission, subsequent to her last confinement, she had a severe attack of rheumatic fever, and twelve months before she noticed the enlargement of the abdomen. The swelling commenced on the right side. She positively stated that she was not aware that she had ever contracted any other disease.

On admission she looked pale, careworn, and emaciated. On the forehead were four fistulous ulcers, discharging offensive pus, associated with extensive caries of the frontal bone. The surrounding skin for some distance was irritable, red, and tender. The voice was thick and husky, and there was chronic laryngeal irritation and cough. The abdomen was much enlarged; two inches below the umbilicus it measured thirty-three inches in circumference, and fourteen inches from the ensiform cartilage to the pubic symphysis. Dulness was well defined, and fluctuation over the right half of the tumour was moderately distinct. During respiration the abdominal walls did not appear to move over the surface of the tumour. On vaginal examination the right side of the pelvic cavity was fuller and more elastic than the left, but no solid substance could be detected, and no fluctuation occurred on external percussion of the abdomen. The uterus was movable; its cavity measured three inches.

On June 4th, 1878, the tumour was tapped with the hope of relieving the dyspnœa and oppression which greatly distressed her, but only three pints and a half of thick brownish fluid, of the consistence of gruel, were withdrawn. Severe abdominal pain and fever for some days followed the operation.

Antiseptic ovariotomy was performed on July 2nd. The tumour was multilocular, and weighed eleven pounds. Some extensive omental adhesions were separated, and the bleeding vessels were secured with fine silk ligatures. The pedicle was clamped externally. The day following the operation the temperature stood at 103° and the pulse at 130; but on the 6th all urgent symptoms had subsided; temperature 99°; pulse 90, fairly full, and regular. The wound rapidly healed, and the clamp came off on the tenth day. During her convalescence she suffered from two attacks of erythematous inflammation of the forehead and face, but these attacks, she stated, had frequently occurred during the last three years. The constitutional disturbance was only trifling, and scarcely impeded her recovery. She left the hospital on August 5th. In January, 1879, she was in better health than she had been for years, but the constitutional manifestations of syphilis were unchanged.

Remarks by Dr. COUSINS. — The interesting point in the case is especially associated with the constitutional condition of the patient at the time of the operation. She had undoubtedly contracted syphilis (probably since her last pregnancy), and she was labouring under tertiary complications. Her general condition was greatly damaged by the disorder, and the deep character of the taint was manifested by the caries of the frontal bone and the chronic laryngeal mischief. To say the least, at the time of the operation the patient was the subject of a cachexy associated with the remote effects of syphilis, and a risk was present that the shock of a severe surgical proceeding might excite the old disorder into some form of dangerous activity. Her condition, however, appeared to be actually more favourable for interference than any future condition could possibly be. The constitutional powers were, indeed, seriously damaged, and the nutritive and reparative action of the system impaired; still, the immediate danger of her case arose more from the presence of the abdominal tumour than from the syphilitic complication. The result of the operation has given her a fair prospect of living several years, and has placed her in a better condition for struggling with a grave and tedious disease, which in the lapse of time may undergo a favourable modification.

The taint of syphilis, even of the tertiary stage, is not wholly confined to certain tissues and organs. It sends a latent influence throughout the entire organisation. The patient looks aged, sallow, and emaciated; and the term "syphilitic cachexy" expresses the deep constitutional changes which have been stamped upon the vitality and nutrition of all the structures. It is an interesting fact that the presence of a specific cachexy does not always retard the healing of recent wounds. In this case the abdominal incision closed rapidly and firmly in a few days. In the peculiar cachexy, too, which attends the last stages of cancer the reparative power of a part may be roused by a wound into remarkable activity. Three years since a patient labouring under carcinoma of the uterus came under my care with strangulated femoral hernia. She was sallow and emaciated by long-standing disease, and had been confined to her bed for weeks with constant uterine hæmorrhage. Herniotomy was performed; the wound healed by first intention, and the patient rallied, and lived nearly two years after the operation.

THE rate of mortality in London continues to be high. Last week it was 29·9, having been equal in the three preceding weeks respectively to 29·2, 28·7, and 30·0. The 2078 deaths registered included 9 from small-pox, 29 from measles, 32 from scarlet fever, 8 from diphtheria, 85 from whooping-cough, 22 from different forms of fever, 18 from diarrhœa, 452 from bronchitis, and 162 from pneumonia.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Perforating Ulcer of Foot.—Melanoderma.

THE ordinary meeting of this Society was held on the 25th ult., Mr. J. E. Erichsen, F.R.S., President, in the chair.

A paper by Messrs. SAVORY and BUTLIN on "Perforating Ulcer of the Foot," was read. After some introductory remarks, and the relation of five cases of perforating ulcer which have come under their notice, the authors describe the general characters of the disease, and discuss its pathology. From the symptoms which almost invariably accompany perforating ulcer, from their examination of the leg after removal in two cases, and from reports given in other papers, the authors believe that the disease is due to central or peripheral nerve-lesion, especially affecting the sensory and trophic or vaso-motor nerves. Microscopic drawings of the condition of the nerves in two cases accompany the paper.—The PRESIDENT said the affection was infrequent, and the point of greatest importance raised in the paper was the strong evidence adduced by the authors in favour of its being the result of nerve-lesion. Weir Mitchell had described certain neuroses of the foot and hand, especially of the foot, marked by areas of hyperæsthesia, œdema, coldness, and other signs of imperfect nutrition; such cases pointed in the same direction as these instances of perforating ulcer, affording evidence of the influence of the nervous system in producing localised disease of a limb.—Professor HUMPHRY remarked that in every instance a *corn* seems to be present at the seat of the ulcer, and the question arose how far the corn may have been the cause of the nerve-change. For in all these cases the disease was described in an advanced state, when the ulcer had formed leading down to bone, and with this was evidence of impaired nerve-supply; and the question arose whether in the earlier and simpler stage there was any affection of nerves present. Slighter cases of this kind were not frequently seen, and he thought one good effect of this paper would be to direct the attention of surgeons more forcibly to corns. A corn consists not simply of hypertrophy of the cuticle, but also of the papillary layer, and, as it advances, the greater growth of cuticle in its centre gradually leads to an invasion of the cutis and even of the deeper tissues by the cuticular products. Then sometimes inflammatory changes are set up beneath the skin, and may spread deeply into the foot, the pus burrowing into the sheaths of the tendons and through the joints. Might not the nerve-condition described in the paper be the effect of the prolonged irritation of a corn? The "perforating ulcer" affected places where corns were most frequent, the most incurable corns being those seated over the metatarso-phalangeal joints of the middle and great toes. Referring to a comparison drawn by the authors between the nerve-lesion in leprosy producing ulcerative changes and the nerve-lesion in "perforating ulcer," Professor Humphry pointed out that in the latter it seemed as if there was a combination of the characters of the two forms of leprosy—the tubercular and the anæsthetic. From this point of view, then, he would rather style the affection "corn-ulcer" than "perforating ulcer"—a term already applied to definite diseases of the palate, stomach, and intestines.—Dr. DUKA, from his experience of leprosy in the East, considered that the drawing showing one of these ulcers on the sole of the foot bore a striking resemblance to the changes met with in anæsthetic leprosy and sometimes in tubercular leprosy. He had seen in these diseases an ulcer appear on the sole of the foot, and penetrating to the bones.—Mr. EDMUND OWEN related two cases of perforating ulcer of the foot which had been under his care at St. Mary's Hospital. In one, that of a carpenter who had long been troubled with corns, the fourth toe had been amputated eight years ago; seven years subsequently the second toe had been removed, and six months since Mr. Owen had amputated each little toe, with part of the metatarsal bone, for the same affection. There was insensibility of the deep tissues of the feet, with marked impairment of the sensory nerves on the sole and dorsum. The toes were deformed, and the phalanges necrosed. In fact, the disease bore a remarkably strong resemblance to anæsthetic leprosy. He did not consider that the perforation was due to pus burrowing upwards for an outlet, for it would hardly penetrate plantar and dorsal fasciæ and interosseous spaces rather than the thickened epidermis. Moreover, in this case the dorsal end of the sinus did not pierce the integument. The other case was that of a professional pedestrian, whose sole was deeply ulcerated; the skin of the dorsum of the foot was anæsthetic and mottled with white patches; the toes were also deformed as in leprosy. Nélaton's description gave an excellent account of the disease. English authors had hitherto written little concerning it.—Dr. THIN said these cases of perforating ulcer had nothing in common with leprosy, the pathology of which was distinctly a new cell-growth invading and destroying tissues.—Mr. MORRANT BAKER asked if there was any contraction of the extensor tendons. It was a common belief that such contraction favoured the development of such ulcers by throwing the weight of the body on to the ends of the metatarsal bone. Such contraction might itself be due to some nerve-affection. That the explanation of the production of the ulcers by nerve-lesion was the true one he had no doubt. A paraplegic patient came to him with an ulcer on the foot, for which amputation was necessary. There was no pressure on the foot, for his paralysis compelled him to walk with crutches. Some time after an ulcer of like character appeared on another toe.—Mr. GAY did not gather that a corn always preceded the formation of the ulcer. He mentioned a case illustrative of the inveteracy and incurability of these ulcers. A gouty subject, of about fifty, after an injury, lost sensibility in the great toe, and after a time an ulcer formed on the ball of the toe. This would not heal, and, although Mr. Gay tried to cure it by transplantation of skin from the neighbourhood, still fresh ulceration appeared at the margins, and the patient's state remained as before.—Mr. GASKOIN could not accept Dr. Thin's assertion as final, for he believed there was affinity between this "perforating ulcer" and anæsthetic leprosy, and he thought some writers mentioned new cell-formations in the nerves in the former as in the latter affection.—Mr. BARWELL recalled a paper by Fischer, who in 1875 advocated the neuro-paralytic doctrine of the formation of these ulcers. He himself thought Professor Humphry's view could not be sustained, for corns were extremely common, and were usually seated not at the sole of the foot, but on the back of the little toe. At the same time a suppurating corn might lead to necrosis and considerable mischief in the foot.—Mr. SAVORY, in reply, said that appended to the paper was a full bibliography, where Fischer's work was alluded to, but the most original paper was one by Duplay and Morat. Facts would not support Professor Humphry's view, for all perforating ulcers do not begin in corns. There was one case in which the ulcer reappeared again and again after amputation, and usually evidence of nerve-lesion *preceded* the local affection. Again the change in the nerve was often more advanced in the upper than in the lower part. That the disease often commenced in the site of corns was undoubted, probably because these were parts much subjected to pressure, and their view was that, owing to mal-nutrition from the nerve-change, these parts suffered from such pressure. As to leprosy, he remarked that resemblance in certain features by no means established identity of disease. The fact of defective nutrition from nerve-change was of great importance as regards the results of operations, especially at the present time, when so much attention is being paid to the external condition of wounds to the disregard of the condition of the parts cut through.—Mr. BUTLIN said the point common to perforating ulcer and anæsthetic leprosy was the formation of an ulcer due to obvious changes in nerves. The paper by Fischer was based on the work of others, and contained no original observations.—Mr. SAVORY, in reply to Mr. Baker, added that in two of the cases there was some contraction of the extensor tendons, but he did not see how this could possibly have to do with the nerve-lesion.

Mr. GEORGE GASKOIN then communicated notes of a case of Melanoderma, or dark macula in the face, with corresponding change in the colour of the hair. This case was one of melanoderma in the cheek, in size little less than half a crown. It was somewhat lobulated, but well defined,

unilateral, situated on the right side of the face near the nose. The colour was intensely dark. It was not repeated in any region, and there was no resemblance of it elsewhere. The female who was the subject of this blemish or stain had undergone a previous change in the colour of her hair, which was turned from red (carroty) to black. The change took place when she was thirty years old; the disfigurement upon the cheek only commenced some nine years later; she is now forty-five years of age. All the near relatives of this woman were of light complexion, with carroty hair and light eyes. This was especially the case with her mother, and obtained with her brothers and sisters, and even with her children; but the patient's father, now deceased, was of dark hair and complexion, and she alone of his descendants takes after him in the colour of her eyes, which are of brown shade, or hazel. There was no instance of similar change in the family, or blemish on the skin; no very strongly marked diathesis, cancer, melanosis, or prevailing disease. There was also no admixture of foreign blood. — Dr. STURGE mentioned a case of a lady who, after some severe illness, following confinement, marked by muscular atrophy and change in the skin of the legs, sustained a change of colour of the hair from light auburn to almost black.

CLINICAL SOCIETY OF LONDON.

Silver Catheter broken into the Bladder. — Traumatic Meningitis treated by Cold Douche. — Cystotomy. — Preliminary Tracheotomy in Excision of Tongue.

THE ordinary meeting of this Society was held on March 28th, Dr. Headlam Greenhow, F.R.S., in the chair. It will be seen that the cases read were of surgical interest, and varied in character. Mr. Barker showed a patient suffering from ichthyosis of the tongue.

The President announced that the next meeting would be held on Friday, April 18th, instead of the 11th.

Mr. CHRISTOPHER HEATH read notes of a case of a Silver Catheter broken into the Bladder. The patient, aged seventy-one, with an enlarged prostate, who had been in the habit of using a catheter, on August 2nd employed an old silver one, which had been broken and roughly soldered, and, in withdrawing it, left the end behind. He at once came to the hospital. Mr. Heath saw him soon after, and with a lithotrite caught and brought away the extreme end of the catheter, including the eye. The following day, Mr. Coxeter, the instrument-maker, being sure that there was still a missing piece, Mr. Heath again introduced the lithotrite, and grasped the fragment, but was unable to withdraw it. On a subsequent occasion Mr. Heath tried to break up the fragment with a more powerful lithotrite; but failing in this, on August 7th performed median lithotomy, and removed the fragment, which measured 1⅜ inches, and weighed 25 grains. The patient made a slow recovery, the enlarged prostate giving a good deal of trouble, and was discharged Sept. 27th well.—Mr. TEEVAN mentioned a case in which a very fine whalebone bougie, which he had passed through a tight stricture, was cut in two by a silver catheter he was trying to pass over the bougie. Three months later, the patient having much pain in the bladder and loins, Mr. Teevan cut down upon the membranous urethra, guided by a fine staff, and extracted the fragment of bougie encrusted with phosphatic deposit. Such a procedure, similar to that performed by Mr. Heath, should be styled an "external urethrotomy" rather than "median lithotomy," it being an extra-pelvic, and not an intra-pelvic, operation. — Mr. BRYANT said that where the foreign body was soft, or where it could be extracted by the lithotrite, undoubtedly that instrument was the best to use. But if the lithotrite fail, or cannot be employed, then undoubtedly the cutting operation described by Mr. Heath was necessary. Some years ago, when gutta-percha catheters had just been introduced, Mr. Bryant had succeeded in passing one of No. ½ size through a very tight stricture under chloroform, when the instrument broke, and in order to extract it he had to cut down on the perineum, and remove the fragments. He had not heard before of any instance of a silver instrument breaking in the bladder.

Mr. KEETLEY read notes of a case of Severe Traumatic Meningitis, treated in the stage of coma by cold douche for two hours and a half. The patient was a groom, aged thirty, who was thrown from his horse into a ditch, alighting on his head. There had been a short period of insensibility, but on admission to the hospital he was conscious and irritable. The accident had happened at 5 P.M. Thirteen hours after, having passed a good night, he was seized with a convulsive attack, confined to the left side. During the day he had several similar seizures, in which his eyes were strongly turned to the left; in the intervals he vomited occasionally. On the third day he remained in much the same condition, but on the fourth the right side was affected; and after the attack this side was found to be paralysed. Towards evening he improved considerably; and on the following day it was noted that his face was heavy, his pupils contracted, and he resembled a patient suffering from opium-poisoning; the temperature was 100°. On the sixth day the coma was increased; temperature 100°, pulse 120. The cold douche was applied to the head for two hours and a half, when the temperature was 99°, pulse 70; his face became rather blue; he could answer questions, but had a fatuous expression, and his answers were often childish. After this time he steadily improved, and ultimately recovered. A fracture of the posterior fossa was diagnosed, extending to the base of the skull; the severity of the injury, and the acuteness of the meningitis appearing to point to such a condition. The epileptic seizures at first appeared to point to an injury of the dura mater over the seat of violence, and the later attacks on the opposite side to an extension of the inflammation to the meninges of the other hemisphere. There was no difficulty in regulating the time during which the application of the douche was beneficial. The lividity was only noticed after more than two hours of this course of treatment. It should be added that he had previously been treated by an ice-bag to the head, and the administration of aperients.—Dr. STURGE said it was rare for epileptiform attacks, after being present on one side, to involve the other and remain confined to it; but he had lately seen such a case. A woman fell downstairs, striking her head, and was brought to hospital in a semi-comatose state. In two or three days she had epileptiform convulsions confined to the left side, the temperature rising to 106° in each fit. The convulsions recurred every half hour, appeared on the right side, and after a time became confined to the right arm and side of face. After a large number of fits she began to recover power and to talk, and was progressing favourably. The convulsions thus subsided first on the side of the body on which they first appeared.—Mr. GODLEE thought the ice-bag would be quite as efficacious as the cold douche, and he had seen a case where, after two days' application of ice, the fits ceased. In another case of convulsions after injury—convulsions which began on one side and then affected the other—arachnoid hæmorrhage, and not meningitis, was found after death.

Mr. TEEVAN read notes of a case of Cystotomy, the patient (who was exhibited) being a wine-cooper, aged forty-three, who came under care in July, 1875, having a stone in the bladder two inches by one inch and three-quarters. The urine was a mass of muco-pus streaked with blood; no renal elements could be found. He suffered much pain, and could not work. Mr. Teevan determined to crush the stone because he had, by lithotrity, completely cured a similar case, where the stone was only a quarter of an inch smaller, and he wanted to find out the extreme limit to which the operation could be advantageously pushed. Accordingly, in twenty-six sittings of about one minute each, he completely removed all the stone. The patient was, however, not cured, but only relieved. The pain he suffered incapacitated him from work, and the urine contained much muco-pus. For many months various medicines and injections were tried without success. Under these circumstances he determined to perform cystotomy. The bladder was carefully examined by many surgeons, but not a particle of stone could be discovered. On Sept. 17th, 1876, Mr. Teevan opened the bladder by a median incision from the perineum, incising the neck vertically with a probe-pointed knife to the depth of about half an inch. The immediate effect of the operation was that the patient was relieved of his pain, and the urine began to clear about ten days afterwards. Three weeks after the operation the patient was apparently cured of his cystitis. The wound, which had been kept well open, was then allowed to close, and three weeks later the patient

was perfectly well and water-tight. He remained perfectly well, and had continued uninterruptedly at work ever since. Cystotomy was rarely performed in England, and was only mentioned in a few surgical works of modern date. In America, however, it had been established as a set operation since 1850, when William Parker, of New York, introduced it. The propositions he would lay down were—1. That cystotomy was indicated in those cases of obstinate cystitis which resisted ordinary treatment. 2. That renal disease was no bar to the operation. 3. That the general conditions of the patient rather than the results of an examination of the urine ought to determine whether, in a given case, an operation were justifiable or not.—Mr. HOWARD MARSH asked whether it would not have been better in this case to have cut in the first instance.—Mr. BRYANT agreed that cystotomy was an operation which should be more frequently performed for chronic irritation of the bladder which resists other treatment, and so often leads to fatal renal disease. In three out of six cases in which he had performed it there was great relief and recovery, but the rest died from prostatic and renal disease. He would then hesitate about performing cystotomy if the kidneys were diseased, for in such cases the slightest interference might be fatal. As an instance of this he mentioned the case of a man who, during treatment for a urinary fistula, had several rigors. Some time after he was seen by Mr. Bryant who, aware of these rigors, did not think it wise to operate, but employed catheterism up to No. 10. The catheterism induced rigors, and the patient died from uræmia due to suppurative nephritis. Aston Key had first pointed out to Mr. Bryant the advantages of cystotomy for chronic bladder cases, and used to regret that he had never performed it.—Mr. HEATH asked whether Mr. Teevan divided the whole length of the prostate along the floor; for in that case (as pointed out by Mr. Teevan himself, as an objection to median lithotomy in children) the ejaculatory ducts would be severed? In older people the operation would be more difficult and risky, on account of the large size of the prostate. Was the hæmorrhage free?—Mr. TEEVAN said it might have been better to have cut in the first instance, or rather to have followed up a single lithotrity by an external urethrotomy. Even when renal disease was present, cystotomy was justifiable, because of the great relief to the local symptoms afforded by the operation, and the chance of recovery. He mentioned a case of cystitis after lithotrity, which was allowed to go on for about two years, and was then relieved by cystotomy. A medio-lateral operation would, he thought, be preferable in old men, and the objection to median lithotomy in boys—namely, the risk of emasculating them—was of slight importance in the case of middle-aged adults.

Mr. BARKER contributed a case of Excision of the Tongue, in which a preliminary tracheotomy had been performed. After giving a short history of the treatment of such cases by an immediate tracheotomy to avoid the risk of the passage of blood down the trachea, he alluded to two cases in which, to his own knowledge, this source of danger had proved fatal; but he added that in the case brought forward the tracheal wound had been purposely kept open in order to avoid, as far as possible, the risk of the inhalation of septic matters into the lung during the earlier part of the after-treatment. This was a real danger, for he had seen such operations followed by death, the result of septic pneumonia, or even gangrene of the lung. The patient was a man, aged forty-nine, who was admitted into University College Hospital in April, 1877, suffering from an epithelioma of one side of the tongue, and some glandular enlargement below the jaw. Tracheotomy was performed with unusual ease, a small circle of the trachea excised, and Trendlenburg's tampon tube introduced and inflated. Considerable dyspnœa resulted at first, which, however, soon passed off. Syme's operation for the removal of the tongue was then performed, the jaw and lip divided in the middle line, and first one half of the tongue cut through, and the vessels secured, and then the other. On the next day the tracheal tube was removed, the nostrils stopped with wool, a tube introduced into the mouth, and connected by an elastic pipe with a reservoir under the bed, whilst the mouth was otherwise closed by a pad. The patient was allowed to breathe through the tracheal wound. In five days the plugs were removed from the nostrils, and in a few days more the mouth was freed from the tube. The after history presented few unusual features. There was on two occasions some oozing, requiring the application of perchloride of iron, and there was once a rise of temperature to 103°. This and probably the oozing depended on an alveolar abscess, which was relieved by the extraction of some loose teeth. The convalescence was rendered rather tedious by the exfoliation of two pieces of bone from the cut surfaces of the jaw, but the patient is alive and in fairly good health.—Mr. MARSH said the question was of great importance. Not long ago he had removed a portion of the tongue for epithelioma in a gentleman aged seventy-four. The operation was not difficult, but on the eleventh day he sank from septic pneumonia, probably set up as Mr. Barker had described. The usual practice at St. Bartholomew's Hospital was, after splitting the tongue in the median line, to remove each half by means of the whipcord écraseur, and not by the bistoury, as Mr. Barker had done. The division of the jaw complicated the operation; for it seldom united well, and in the majority of cases necrosis was common.—Mr. BRYANT did not see the necessity for the measures proposed by Mr. Barker. The risk from hæmorrhage, when the écraseur was used, is very slight, and as to the inhalation of putrid air setting up pneumonia, although it doubtless could do this, yet it must be borne in mind that the subjects operated on were frequently advanced in life and enfeebled. Nor need the secretions become foul if detergents and salines be freely used. Was the tracheal wound large enough to admit all the air inspired? Tracheotomy wounds generally close with great rapidity. Where the whole tongue is involved then a preliminary tracheotomy and Trendlenburg's tampon would no doubt be very useful, and they were of great value in operations about the jaws. Syme's operation for excision of the tongue was rarely called for. Two-thirds of the organ can be removed without dividing the jaw.—Mr. BARKER, in reply, said he had fully demonstrated that the tracheal opening was large enough for the passage of all the inspired air. The wound was not a simple incision, but a circular opening had been made to admit of the passage of the tampon and tube. The rapidity with which pneumonia, going on to suppuration and gangrene, followed on some cases of this sort was strongly in favour of his view of septic influence. He mentioned two cases in which hæmorrhage was fatal. Out of twenty cases, five had marked lung symptoms, four died with gangrene and abscess of the lung.

MEDICAL SOCIETY OF LONDON.

Strangulated Inguinal Hernia reduced en masse.—Diagnosis and Treatment of Impacted Urethral Calculus.

AT the meeting of this Society on the 17th ult., Dr. Cockle, President, in the chair,

Mr. EDMUND OWEN read notes of a case of Strangulated Inguinal Hernia (reduced *en masse*). The patient was an unmarried woman sixty-three years of age, who had worn a truss for the rupture for twenty years. On Nov. 25th, 1878, the rupture descended in a violent fit of coughing, and was in great part at once reduced; but as it was not all returned she was sent to St. Mary's Hospital, where the house-surgeon easily pushed the small remaining swelling into the abdominal cavity. Symptoms of strangulation, however, persisted, and on the evening of the 27th Mr. Owen laid open the inguinal canal, and found it to contain a small sac of peritoneum containing fluid in communication with a second sac above, within which a knuckle of intestine was tightly strangulated. Mr. Owen divided the constriction, and the patient made a good recovery. He referred to Mr. Birkett's opinion that most cases of supposed reduction *en masse* were instances of rupture of the sac by the taxis, the gut being pushed up between the peritoneum and the abdominal wall. Mr. Owen advocated a prompt and free exploration in all such cases, and cited Mr. Luke's dictum that "passiveness on the surgeon's part may be more destructive to life than any incision which may require to be made."—Mr. ROYES BELL had seen a case where a patient was operated on for strangulated hernia and obtained relief, the case, however, terminating fatally, and after death a stricture was found, which could have been relieved if an artificial anus had been made.—Mr. BRYANT held that the

reduction *en masse* of an inguinal hernia was an impossibility, although it does occur in femoral hernia. The case was rather one of "displaced hernia," which was recognised by Sir C. Bell and by Mr. Birkett as different from reduction *en masse*, and occurring in cases of inguinal hernia.—Mr. OWEN considered that it was an instance of reduction *en masse*. He made a free incision, and carefully explored the peritoneal cavity for any constriction.

Mr. TEEVAN then read a paper on the Diagnosis and Treatment of Impacted Urethral Calculus. The stone might come from the kidney, bladder, prostate, or be formed in the urethra, in which latter case it was usually phosphatic and elongated. Oxalate-of-lime calculus was more likely to become impacted than a lithic-acid or phosphatic one, as it was often irregular in shape, rough, and spiculated. The stone, when it caused retention, might be mistaken for an enlarged third lobe of the prostate or a rough gristly stricture. A calculus could not always be felt through the urethral wall, when situated in the deeper portion of the canal. Its presence was usually announced by a sudden interference with the act of micturition; sometimes, but not always, attended with great pain. A pathognomonic sign was, he believed, the forcible expulsion of the urine in several streams instead of one. If a stone were left *in situ* it usually gave rise to retention, ulceration, or extravasation. When a calculus was impacted in the fixed portion of the urethra, the best way was to try to push it back into the bladder by means of a wax bougie, the end of which had been slightly warmed. Once in the bladder, it could be easily and quickly crushed. If in the penile urethra an attempt might be made to extract it, and if it could not be moved either forwards or backwards it must be cut out. All incisions into the penile urethra should be valvular, otherwise a fistula might remain. After perineal incision the patient should begin to withdraw all his urine by catheter on the fourth day, to hasten the closure of the wound; but it was useless and injurious to tie a catheter in the bladder. In boys incision would be more frequently required than in adults, and should always be had recourse to if the stone was in the membranous urethra.—Mr. OWEN said it would be impossible in many cases to push the stone back into the bladder. He narrated a case which proved fatal (the patient being old) where he had extracted the calculus by incision.—Mr. BRYANT pointed out that impacted calculus was the general cause of extravasation in children. Impacted calculus is rare in adults, but common in children. The best treatment is to cut down and remove the stone, and in adults better to do this than push the stone back into the bladder, for it was impossible to know what damage might be caused by the violence done. He asked how often Mr. Teevan had succeeded in pushing the stone back by means of a wax bougie, and also in how many cases he had removed a stone from the penile portion of the urethra by means of a valvular incision—a practice more liable to be followed by extravasation than a free incision.—Mr. ROYES BELL referred to several cases in children which he had met with. In one a penile fistula followed on incision, and he thought Mr. Teevan's suggestion of a valvular opening a good one. He had never seen extravasation caused by operating on the front part of the urethra.—Mr. MASON said that in all the cases he had had under his care the skin was so swollen that it could not be drawn to the side, and he therefore cut down and removed the calculus.—Mr. TEEVAN, in reply, said that his paper referred to cases where retention, and not extravasation, had been caused by the impaction. In extravasation the only resource was to cut down and remove the stone. All his cases were in adults; and he strongly objected to any force being used to press the calculus into the bladder. He had twice operated on the penile urethra, without extravasation or fistula resulting. It is well to use catheterism after this operation. It was not difficult to press a calculus back by means of a wax bougie. In his last case this had failed, and he had to cut the stone out of the membranous urethra. In children it should not be pushed back, owing to the difficulty of lithotrity.

SMALL-POX IN DUBLIN.—Last week the deaths from this disease amounted to 17, being 3 over the number registered in the preceding week. The mortality from the epidemic during the past quarter caused in Dublin 251 deaths, being an increase of no less than 135 over that of the fourth quarter of last year.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

Session 1879.

TUESDAY, MARCH 25TH.

MR. TURNER resumed, this morning, the debate on Dr. Wood's motion and Sir William Gull's amendment. He said that the two propositions were based on somewhat different principles. Dr. Wood's motion provided that the number of members of Council should be increased by four, selected so as to represent the general body of registered practitioners—two for England, one for Ireland, and one for Scotland; a proviso being added that the persons so elected by the Crown were not to be members of the governing bodies of the medical authorities. The motion would therefore debar fellows of Colleges of Surgeons from being selected as representatives of registered practitioners. This he thought would be very unfortunate, because some of the men best fitted to represent the general body of registered practitioners were fellows of colleges resident in English provincial towns or country districts. The same would apply to Scotland. Sir William Gull did not propose to increase the number of members of the Council at all. The Council ought to consider whether it was not large enough for the purposes of deliberation. The report of the Executive Committee had stated that they did not think an increase in the number would render the Council more efficient for the discharge of either present or prospective duties. It appeared to him that Sir Wm. Gull's amendment would provide for a representation of the general body of the profession without any increase in the number of members. It would rest with the Council to nominate such general practitioners of eminence as they might think proper. It would not by any means follow that all the nominees of the Council recommended to the Crown should be general practitioners, although a certain proportion of them might be. According to both the motion and the amendment the principle of selection of representatives from the general body of the profession was the same, only according to Sir William Gull's amendment those gentlemen were to be represented by the Council, whereas Dr. Wood's motion provided that the Crown itself would directly appoint. According to Sir Wm. Gull's plan all the discussions at the Council would be reported and all the arguments in favour of the recommendation of particular persons made known, and the Council would thus be acting under the influence of public opinion. He thought Sir William Gull's amendment preferable to Dr. Wood's motion, because he thought that any change in the constitution of the Council should not be in the direction of an increase of its members.

Dr. PITMAN, after expressing his disappointment at the small amount of real work that had been done by the Council during its present sitting, referred to the report of the committee, whose conclusion was that after having made every possible inquiry they were not of opinion that any alteration in the present constitution of the Council was necessary to render it more efficient for the duties it had to discharge. This he held to be the answer to the question which the Council had referred to the committee, and it would have been a more business-like proceeding if some member had moved the adoption of that recommendation, after which, if thought necessary, some amendment might have been proposed. However, the Council had not thought fit to adopt this plan, and it was now at liberty to take any course it pleased in the matter. He was glad that it had passed such an important resolution, because thereby an answer had been given to a question upon which had arisen all the obstruction to medical legislation. By a large majority the Council had held that direct representation was not the proper means they should recommend, and this, he presumed, was the answer they desired to give to the Government. The obstructionists to legislation had based

their tactics upon that very question of direct representation. It was not with them a question between direct representation and some other alternative; but it was direct representation or nothing; but the Council having expressed so strong an opinion on the point, anything further that might be said, so far as the question outside was concerned, would have no effect whatever, and would only lead to an undue expenditure of time and money. The committee of the House of Commons would go into the question fully. The Council had given an opinion on one point, and there was a proposition now to go into other questions. Dr. Wood had taken up one paragraph in the report, which was really no part of the opinion of the committee. That paragraph was—"Nevertheless, should it seem desirable to grant the desire which has been expressed, that some persons should be selected exclusively by the general body of registered practitioners, the committee would suggest that the best way of accomplishing this would be by increasing the number of Crown nominees." It further stated that the committee did not think this course necessary. This was not a recommendation to the Council, but merely a statement that it was one of the ways by which a certain number of members might be added to the Council. It would have been far more business-like if the Council had first decided the question whether the constitution should be altered or not. In the memoranda, signed by Sir James Paget and himself, their opinion was that the time for making any suggestion from their own body had gone by. They would be really taking an unseemly step if they attempted to override the opinion of the body of persons who were appointed to undertake that particular question, which opinion might ultimately never be carried by any great majority. He wished to direct attention to the fact that the Council was constituted under an Act of Parliament, and if any alteration in its constitution was to take place, Parliament ought to make the alteration. If they themselves were dissatisfied with their mode of doing business, and thought they could be in any way improved by addition or alteration, then they should, by all means, petition Parliament to do it for them; but he was not aware that any strong argument had been advanced as showing that they were a body of men incompetent to do their present work. The committee by their report had answered the question submitted to them in simple words, and he thought the Council should decide whether or not a change was necessary, after which the assistance of the Government might be asked in deciding what change ought to be made. They were now proposing to consider the value of the different changes proposed before they decided that any change was necessary. His arguments, therefore, went against both the motion and the amendment.

Dr. QUAIN said that, according to the wording of Sir W. Gull's amendment, it was quite open to the Council to discuss the whole question. Nothing could, he thought, be more objectionable than the course suggested by Sir W. Gull, that the Council should become a self-elected body; and he was astonished at the proposal that the merits of particular nominees should be discussed at the Council in the presence of reporters. In his opinion such a thing could not for a moment be tolerated. The committee had already expressed its opinion that any increase in the number of members of the Council would not render it more efficient in the discharge of its duties, and after the trouble that had been taken in arriving at that opinion it was strange that no notice should be taken of it. He was prepared to support the committee's recommendation, because he was of opinion that the Council was quite large enough. The opinion of those who thought that the number of members ought to be reduced was, he thought, a far sounder one than the opinion that the number should be increased. He would be the last man to object to the addition of members from general practitioners, because there were many amongst that class who would do credit to that or any other Council; but around the table at present there were quite as good men, and he could not see any advantage that would be derived by adding to their number in the way proposed. He thought the opinion of the Government ought not to be fettered as to the class of persons who should be chosen to represent the medical profession. By compelling the Crown to take members from any particular class no real advantage would be gained. The present members knew what was required of them, and they did their work to the best of their ability.

Dr. A. SMITH said that an addition to the numbers of the Council was not implied in Sir Wm. Gull's amendment, but that it only referred to a change in the mode of their nomination. As he understood it the proposal was that instead of the Crown nominating directly, as it had done since 1858, the Council should send double the required number of names to the Crown, and that from them the Crown should make an election.

Mr. MACNAMARA said that the Council had been acting with every feeling of respect towards the committee and its report, and had affirmed its recommendation by a large majority. There was evidently some uncertainty in the minds of the committee as to the other part of the report, but the Council were now engaged in discussing the very point on which the uncertainty arose. In regard to the amendment of Sir Wm. Gull he wished to ask whether the selection was to be by the Crown out of a list to be forwarded by the Council.

Sir WM. GULL said his object was to meet the question of direct representation without increasing the members of the Council. According to his proposal it would be the duty of the Council to select any persons out the profession who might properly take a seat at the Council as representing some particular division of knowledge, teaching, or practice, so that the Government might not be left to get its information in the best way it could, but might look to the Council for assistance in the matter.

Mr. MACNAMARA was not sure whether the Crown would be grateful for the suggestion that it should give up its prescriptive right of returning members to the Council. The proposal was almost to place in the hands of the Council the election of Crown nominees. He did not think that a better selection of Crown nominees could be made than had been made by the Government, and he believed that the Council, as at present constituted, distinctly represented all that could be required in such a Council. In order to meet the affair in a straightforward way, he would much prefer a resolution to the effect that in the opinion of the Council it was constituted as the requirements of the public demanded.

Dr. HUMPHRY suggested that it could be moved as an amendment.

Mr. MACNAMARA said he only threw it out as a suggestion. He did not think that any means had been suggested whereby the Council could be improved.

Mr. TEALE said he could not vote for the amendment. Such a proposal would only be justified on two grounds—either that such a mode of election would be an improvement on the present mode, or that it would meet the demand of the general practitioners for direct representation. In his opinion, the amendment would not accomplish either of those objects. His own feeling was in favour of a large Council. The only objection was the amount of talking that might ensue in consequence; but if the educational matters were got into anything like shape, a great deal of the talking would be obviated. As to the future working of the Council, if the Lord President's Bill became law the work of the Council would have to be thoroughly reorganised. At present every member was practically responsible for all the subjects that came before the Council. In future it would be absolutely impossible for each member to have a fairly formed opinion on all those subjects, and they would therefore have to divide themselves into more or less permanent committees, each committee undertaking to be responsible for all the information in its own department, and coming to the Council thoroughly prepared with matured views. In that way there would be three or four men who would be absolutely masters of every subject, and thus a good deal of talking would be saved. The most important committee would be that which had charge of education and examinations. No such committee was now in existence. Every examination paper in the kingdom ought to be transmitted to every member of such a committee, and then they would be able to report to the Council how the examinations had been conducted throughout the year.

Sir D. CORRIGAN thought that Mr. Turner had used a proper phrase when he said that neither the resolution nor the amendment was good, although one might be preferable to the other. He had been very much impressed by the observations of Dr. Wood that the Medical Council was the only court of judicature in the United Kingdom from which there was no appeal. They could do what they chose in taking away a man's character, and there was no appeal from them.

Dr. WOOD repudiated making such a statement. What

he had stated was that in regard to the questions which came before them dealing with the patrimonial rights of practitioners, the Council sat as a court of judgment from which there was no appeal.

Sir D. CORRIGAN said that that made the case a great deal stronger; because, however ill-judged the sentence of the Council might be in such a case, the unfortunate man could not go to any higher court to appeal. He maintained that this was not a position in which the Council ought to be placed. He should vote against the resolution and the amendment, because he thought they were both wrong. He was totally opposed to the principle that the number of a population, or the size of a country, had anything to do with the number of representatives. In the case of some of the most celebrated universities, he would mention that Heidelberg had a population of 23,000, and in its university there were 106 medical students. On the other hand, there was a population in Oxford of 36,000, and last year there was not a single medical student in the university. He maintained that there was no connexion between the population of a place and the name or fame of a particular university. He thought that the proposal of submitting names to the Crown for selection was one of the most extraordinary propositions he had ever heard. He objected to any limitation being put upon the discretion of the Crown.

Sir WM. GULL asked Sir D. Corrigan whether he was aware of the manner in which graduates of the University of London were appointed on the Senate? The fact was that three persons were nominated by Convocation, and from those three persons the Crown made a selection; so that there was nothing singular in the suggestion he had made. He thought it right that the Government should have the assistance of the Council as to who should be appointed. At present the Government obtained information in the best way they could; and he thought it would be far preferable if the Council were responsible both to the profession and to the Government in regard to those who were appointed to fill vacancies. The Crown, instead of desiring patronage, only wished to do what was best for the public and the profession. He would not press his amendment, because he observed that the sense of the Council was adverse to it; at the same time, if ever he were called upon to give evidence before a Parliamentary Committee, he should urge that it was the duty of the Council to assist the Government in the selection of its nominees. He would withdraw his amendment because it was not his intention to prejudice the proposal involved in it.

Dr. HAUGHTON said he would neither vote for the amendment nor the resolution, and objected to the withdrawal of his amendment by Sir Wm. Gull. As the matter had now passed out of Sir Wm. Gull's hands into the hands of the Council he would insist that it be pressed to a division.

Dr. A. WOOD said that whether the amendment should or should not be withdrawn was a question for the Council.

The PRESIDENT, while informing the Council that there was no bye-law on the subject said that he should follow the example of the House of Commons, and rule that the Council should decide the question, and would permit Dr. Haughton to speak upon it.

Dr. HAUGHTON said he objected to anything like tentative resolutions or amendments, and thought that Dr. Wood's motion would give too much power to the Crown, who already nominated six out of twenty-four members, or one-fourth of the whole. He did not object to the present amount of representation, but to any increase of it. As a strong Tory, he did not say that the power of the Crown was too great, but he thought there was a fair limit beyond which it ought not to go. Sir William Gull's amendment raised two points which ought to be kept perfectly distinct. One was that the number of the Council ought not to be increased, and the other as to the manner in which the nominees should be appointed. The Council was asked to do a most offensive thing—namely, to say to the Crown that the profession, not being quite satisfied with the manner in which the power of the Crown had been exercised, wished themselves to take the initiative. He disapproved of placing a limit upon the discretion of the Crown, which had hitherto exercised its patronage well, and with which the profession ought to be satisfied. The proposal came, no doubt, with very good grace from Sir William Gull, himself one of the most distinguished Crown representatives, but after he (Dr. Haughton) had fully considered the plan, he believed it could not possibly work. The question as to the proportion of members had been raised not by Irish but by English members, and he regretted that it had been raised in any form. He was not desirous of pursuing the question, because he was quite satisfied that so long as Ireland had one single representative she would be able to protect her own interests.

The PRESIDENT said that before putting the motion he would exercise the right which he possessed, but which was very seldom used, of expressing his opinion on the matter under discussion. It appeared to him that what had fallen from Dr. Pitman was really unanswerable. No one had alluded to a constitution which was already on the table of the House of Commons. Sir William Gull had recommended one form of constitution which did not alter the numbers, and Dr. Wood had proposed another which altered them. The Executive Committee had recommended that the numbers should not be altered, observing that if any alteration were made it might be made in a particular way. The Bill before the House proposed that the number should be reduced to nineteen, and it embarked upon the difficult question of altering what was called the distribution of seats. It proposed to reduce the number of representatives of the universities of England from four to two, and to diminish the number of Crown nominees from six to three. The Universities of Edinburgh, Aberdeen, Glasgow, and St. Andrews, were to send one representative. If they were to proceed to discuss the various ways in which the Council might be constructed, a great many motions would have to be submitted, and it would be a long time before their labours would close. The Executive Committee had carefully avoided taking any step of that kind. Having bestowed a great amount of labour upon the subject, and having been very much divided about it, they were unanimous upon one point, that as the Government had pledged itself, to undertake an inquiry, and as nothing which the Executive Committee could do in the present aspect of things would settle the question, they contented themselves with laying on the table the facts they thought essential to be brought before the Council, and hesitated to recommend any particular course of action. Under those circumstances he could not vote either for the amendment or the motion, because he thought it would be dangerous to embark upon so large an inquiry.

Sir WM. GULL'S amendment was then permitted to be withdrawn.

Mr. MACNAMARA proposed, as an amendment to Dr. Wood's motion, "That this Council as at present constituted fairly represents the profession at large."

Dr. QUAIN seconded the amendment.

Dr. WOOD characterised the amendment as curt, and hardly respectful to the profession. He was one of the last to yield to outside clamour, still there were opinions outside that deserved to be recognised, and statements of grievances which ought not to be disregarded. It appeared to him that the time had come for suggestions which the select committee might consider. He thought that the report of the Executive Committee would give the select committee of the House of Commons such a large amount of information as would perhaps shorten their labours.

Sir D. CORRIGAN thought the Council was making itself ridiculous. A suggestion had been made that it needed reform, and the reply was that no alteration whatever was needed. He asked if at the time of the reform of the House of Commons a resolution had been passed that no alteration was needed, there would have been a yell of ridicule throughout the whole kingdom.

After some observations by Dr. Quain, Dr. Andrew Wood, and Dr. Rolleston,

Dr. HALDANE said he did not think that the Council fairly represented the profession so long as direct representation was excluded, and he could not therefore support Mr. Macnamara's amendment.

Mr. MACNAMARA agreed with Dr. Wood that the Council ought to act in a spirit of conciliation; but they ought, at the same time, to do what was right, and act upon the principle of *fiat justitia*. It had been suggested that if his resolution were carried there would be an end to the consideration of all the plans that might be proposed. This, however, would not be the result. He had seen no plan that would be likely to produce a better Council than at present existed. His amendment did not state that the Council was perfect, but that it fairly represented the profession at large; and he contended that there was nothing ridiculous in that statement. He believed firmly that the Council, though not perfect, as fairly represented the professional interests of

the country as any body could do according to the various plans that had been proposed.

On the amendment being about to be put, Dr. Quain asked that it might be withdrawn; but Mr. Macnamara objected to this course, and the amendment was accordingly put to the Council. Mr. Macnamara was the only member voting in its favour, and Dr. Haldane was the only member who voted against it.

Much laughter followed the announcement of the result.

The PRESIDENT intimated that, there being an equal number of votes, the amendment was not carried. (Laughter.)

Mr. SIMON moved, "That the discussion on the constitution and working of the Council be now closed." The action of the Executive Committee, after expressing a reluctance to see any change in the constitution of the Council, in suggesting a particular mode by which a change might be effected, was, he thought, injudicious, and was a curious *non sequitur*. While he did not agree with the proposal for direct representation, he cordially sympathised with the feeling which was at the root of the demand for it. He would not have referred to the subject but that he desired that the debate should close with words of conciliation (instead of defiance) towards those who entertained mistaken, but no doubt honest, convictions upon the subject. There was a deplorable schism in the profession, and he hoped an endeavour would be made to heal it. The Council ought to appeal, over the heads of mere wirepullers and agitators, to the good sense and loyalty of the profession. He did not think that any impression could be made upon fanatics and wirepullers, and he would not appeal to them any more than he would think of appealing to anti-vivisectionists. But there were sober and sensible men in the profession who were fretting against not having a share in the government of the institution of the profession, and he wished those gentlemen to understand that if the Council could meet them on their ground they were most anxious to do so. His contention was that every one who was attached to a medical authority ought, *ipso facto*, to acquire a vote for the election of the governing body, or, at least, ought to know that he could acquire the franchise on the condition of a higher graduation. If that principle were carried into effect he believed that the demand for a direct representation would cease.

Sir D. CORRIGAN thought that the amendment tended to make the Council look ridiculous, and he therefore opposed it.

Mr. MACNAMARA considered that Mr. Simon's proposal was anything but a message of peace and conciliation towards those who were dissatisfied with the present constitution of the Council, and that they would never be satisfied with it.

Sir J. PAGET, in seconding the proposal, said that when it was announced that the Government intended to have a committee to inquire into the matter, he thought it should be left entirely to that committee, before whom any member of the Council might state his own views. The Council could settle nothing, and it was not likely that on any proposal, except that carried on the previous day, there would be such a majority as would carry weight with the Government. He did not regret that the discussion had taken place, because it had given all members an opportunity of stating their views; but now that the whole question of direct representation, which formed nine-tenths of the matter at issue, had been settled, they were in a different position, and it would be for their own advantage and that of everybody else if the discussion were at once closed.

Mr. TURNER said he agreed with Sir James Paget that any further discussion on the point at issue had better be reserved for the committee of the House of Commons.

Dr. HAUGHTON thought that the motion passed by the Council against direct representation would destroy the Lord President's Bill—unless, indeed, the Government went behind the back of the Council and, for the sake of getting the Bill through, conceded the demand.

Mr. TEALE said he had a motion on the paper, but after the discussion that had taken place he desired to withdraw it.

Mr. Simon's amendment was then put, fourteen members voting for and six against it. On its being put from the chair as a substantive motion,

Dr. PYLE proposed as an amendment, "That, as a mode of granting a larger representation in the General Medical Council, every graduate of a university, or member or licentiate of any corporation, shall have the privilege of voting for the representative of the university or corporation of which he is a graduate, member, or licentiate." With reference to the objection as to a plurality of votes, he suggested that the same plan might be adopted as in parliamentary elections, where a person having a vote in a borough for several residences, was called upon to state the particular residence for which his vote was to be given.

Dr. HUDSON seconded the amendment.

Dr. HAUGHTON said that he had formerly supported the principle advocated in the resolution, and had succeeded in getting the Bill introduced into the House of Commons for the purpose of carrying it out; but after further consideration he had abandoned it, believing that it was impracticable.

After some discussion the amendment was put and the members were—for 2, against 10.

It was accordingly declared to be lost.

Mr. TURNER proposed, "That in consequence of the great increase of business devolving on the Executive Committee in connexion with the carrying out of the provisions of the Dentists Act (1878), in accordance with the Council's resolution thereon (Minutes, vol. xv., p. 161, Clause 6), and the much greater length of time occupied in the sittings, the payments for attendance at these meetings should be increased." He explained that the sittings of the Executive Committee had been greatly lengthened, and that it was only just to the members that they should receive additional compensation. If his proposal were carried, all the Council would have to determine was what proportion of the payment should fall upon the ordinary funds of the Council, and what proportion upon the Dentists' fund. He also suggested that the President should be paid his travelling expenses for his visits to London on the business of the Council, when not attending meetings of the Executive Committee, or of the Council itself.

The PRESIDENT said he hoped that the latter suggestion would not be adopted during his tenure of office.

The discussion on Mr. Turner's motion was adjourned at the rising of the Council.

WEDNESDAY, MARCH 26TH.

The Council met at 1 o'clock, Dr. Acland, President, in the chair.

The adjourned debate on the payments for attendances to the Executive Committee was resumed.

Mr. TEALE said he sympathised with the object of the motion, and felt that it was very unfair to call upon the Executive Committee to devote so much time to their meetings without proper remuneration.

Mr. SIMON, while approving of the motion, thought that the principle on which it was founded would not apply to other committees.

Mr. MACNAMARA said that immediately after he was appointed a member of the Council he spoke to Dr. Aquilla Smith about the propriety of bringing forward a resolution similar to that now under discussion. It was exceedingly unfair to expect gentlemen to come from long distances to act on the Executive Committee for the wretched remuneration they now received. It was very bad policy to work for the public for nothing, but he thought that the members of the committee who resided in London ought not to have the same remuneration as those who had to travel from a considerable distance. He himself was a member of the Pharmacopœia Committee, but if the chairman summoned that committee to meet on the present terms when the Council was not in session, spirits might be called from the vasty deep, but he would not attend.

Dr. ROLLESTON said the Executive Committee bore somewhat the same relation to the Council that the Cabinet did to the House of Commons, and ought to be properly paid for the work which they did. He thought, however, that if corporations and universities had the privilege of sending members up to the Executive Committee they ought also to have the privilege of paying them. He suggested that the words "in connexion with the carrying out of the provisions of the Dentists Act (1878) in accordance with the Council's resolution thereon" should be omitted.

Mr. TEALE, in the absence of Mr. Turner, said he was prepared to accede to the suggestion.

The motion, with the alteration suggested by Dr. Rolleston, was carried *nem. con.*

On the motion of Dr. PITMAN, seconded by Dr. PYLE, the

following resolution was agreed to :—"That in fulfilment of the pledge given by the Council on the 3rd of July last, a copy of the Council's resolution on direct representation, together with a copy of the resolutions and amendments, moved on the subject of the constitution of the Council, be forwarded to the Lord President of the Privy Council, together with a copy of the Executive Committee's report on the constitution and working of the Council, and the appendix containing documents in regard to the Council.

Dr. QUAIN, in moving that the report in reference to the Weights and Measures Act (1878) should be sent to the Board of Trade, said, when the first and second editions of the Pharmacopœia were published, a recommendation was made that Avoirdupois weight should be substituted for Apothecaries' weight, but in actual operation it was found by those who had to dispense and sell medicines that that was very inconvenient, and when the Weights and Measures Act was before Parliament the Board of Trade sent a communication to the Council asking if there would be any objection to doing away with the Apothecaries' weight and substituting Avoirdupois weight for it. The Executive Committee considered the question, and after a deputation had been appointed, the Board of Trade resolved not to do away with Apothecaries' weight. Further correspondence had taken place between the Pharmaceutical Society and the Board of Trade, and the latter body had submitted to the General Medical Council the recommendation of the Pharmaceutical Society. It amounted to nothing more than that the scruple and drachm should be reserved as multiples of the grain, and that they should be properly identified and stamped.

The motion was agreed to.

Mr. TEALE brought forward the following petition from Ophthalmic surgeons :—

To the General Council of Medical Education.

The Memorial of the undersigned Ophthalmic Surgeons

Humbly sheweth—That the study of ophthalmic surgery and medicine is at present greatly neglected in the ordinary course of medical education, candidates frequently obtaining their diploma with little or no knowledge of the diseases of the eye. The consequence of this, both to the public and to the practitioners themselves, are very serious, as your petitioners have ample opportunity of observing. That in continental examinations, as well as in those conducted in the Indian University, a sound knowledge of ophthalmology is required. That your petitioners believe the advances made in ophthalmic surgery within the last twenty-five years render it advisable that it should be taught as a separate subject. That the arrangements for its study exist already in most of the hospitals of Great Britain and Ireland, but are not taken advantage of by students, because little or no evidence of acquaintance with the subject is required by the licensing bodies. Your petitioners desire to draw the attention of the Medical Council to the advisability of making it compulsory upon all medical students to attend a three months' course of practical ophthalmology either at the special eye department of a general hospital or at a special ophthalmic hospital, as well as a course of twenty lectures on ophthalmology at the least. They also desire to press upon the Medical Council the importance of making ophthalmology form a distinct subject of examination at the pass examination for surgical diploma or at the examination of a conjoint board.

Mr. Teale said he thought nobody could doubt the justice of the petition, and it was one which had his entire sympathy, but it was due to the gentlemen who had asked him to submit it to the Council to say that they did not expect that the Council would go into the question at the present time. He felt that ophthalmology could not be added to the curriculum until the curriculum was revised and room was made for it. At present the curriculum was overloaded, and nothing could be added to it until something was taken out, or the time over which it spread was enlarged.

Dr. WOOD suggested that the petition should be referred to the licensing bodies for their consideration, and that they should be asked to report upon it to the next meeting of the Medical Council.

Dr. Wood's suggestion was agreed to by the Council.

On the motion of Dr. A. SMITH, seconded by Dr. A. WOOD, strangers were then ordered to withdraw, while the Council considered the following resolution passed by the Executive Committee on the 31st of last January :—"That the committee inform the present clerks that new arrangements are about to be made for the business of the office, under which arrangements their services will not be required; that their salaries will be continued till Midsummer next; and that, in consideration of their long connexion with the office, and subject to the approval of the Council, one half of their salaries will be paid for two years from Midsummer next."

When the reporters were readmitted, they were informed that the Council had agreed to the resolution.

A letter was then read from Mr. W. B. Eames, house-surgeon of the Glasgow Royal Infirmary, setting forth that "according to the rules of the College of Surgeons, Ireland, a student gets credit for all professional studies prior to his passing an arts or preliminary examination, and the consequence of this is that the Irish students put off their registration, all that is required by the R.C.S.I. being that they should, upon presenting themselves for examination, have their necessary professional certificates, with certificate of having passed the preliminary at some date prior to going in for examination," and asking permission to present himself for examination in April next.

On the motion of Dr. A. Wood, seconded by Mr. Macnamara, it was decided to send the letter to the Royal College of Surgeons of Ireland for their consideration.

The Council then proceeded to consider the following certificate of the conviction of a registered practitioner :—

These are to certify that at the assizes and general delivery of the gaol of our Lady the Queen holden at Warwick, in and for the county of Warwick, on Saturday, the 15th day of February, 1879, Thomas Millerchip, late of the parish of Holy Trinity in Coventry, in the said county, was in due form of law tried and convicted upon a certain indictment against him for that he on the 25th day of January, in the year of our Lord 1879, at the parish aforesaid in the county aforesaid, feloniously did kill and slay George Bastock the younger, and was thereupon ordered by the Court to be imprisoned in the House of Correction and kept to hard labour for the space of four calendar months.

Given under my hand and seal this 28th day of February, 1879.

ARTHUR D. COLERIDGE,
Clerk of Assize for the Midland Circuit.

Dr. PITMAN said that Mr. Millerchip was a practitioner at Coventry. He was called upon to attend a sick child, but, being confined to his bed by illness, he did not attend. Message after message appeared to have been sent to him, and on the third or fourth day the child died. On the evening of the death Mr. Millerchip went to the house. An inquest was held, and the verdict of the jury was that he was guilty of manslaughter. On that charge he was tried and convicted, and sentenced to four months' imprisonment with hard labour. It was only right to state that when the jury brought in their verdict they made a strong recommendation to the judge for mercy. The Council had power either to erase the name from the Register or to allow it to remain. He thought there were very few who would not blame Mr. Millerchip for his neglect, but he had been punished for that neglect; and the question now was, would the Council supplement that punishment by taking from him the power of gaining his livelihood by his profession in future, thus adding another punishment to that which he was at present undergoing. He believed that a petition was in course of signature to obtain a remission of the sentence, showing that the people in the neighbourhood did not attach very much blame to him. He therefore recommended that the Council should not take any action in the matter.

Dr. A. WOOD said he thought Mr. Millerchip had been rather hardly dealt with, and the Council should temper justice with mercy in cases of this kind. He was glad to say that he had been informed that, in reply to the petition which had been sent to him, the Home Secretary had intimated his willingness to consider the case, and he would therefore propose, "That the Medical Council, having considered the case of Mr. Thomas Millerchip, do not think fit to erase his name from the Register."

Dr. STORRAR said the information which the Council at present had was very imperfect. If what Dr. Pitman had heard was true, it evidently was a very hard case.

Mr. SIMON said he quite agreed with Dr. Pitman that, as far as the facts were at present before the Council, the man had received his punishment, and ought not to have added to it the extreme penalty which the Council could inflict.

Dr. A. SMITH said that, according to the memorial, Mr. Millerchip did not appear to have been guilty of anything more than neglect of duty.

Dr. ANDREW WOOD's motion was then agreed to.

Mr. MACNAMARA brought up the following report from the Dental Curriculum Committee :—

The committee have to report that, after full consideration of the subject, they would submit the annexed tabular curriculum as being in their opinion what should be the minimum curriculum demanded of a student seeking a licence in Dentistry from any of the authorities authorised to confer such. The committee would also suggest that the examinations should, so far as possible, be of a practical character, and should include actual operations and the preparation of specimens of mechanical dentistry.

A discussion ensued with regard to the tabular curriculum. Some alterations were made in it, and, on the motion of Dr.

A. Wood, it was decided to send the report to the bodies which conferred dental licences.

The following letter addressed to the Registrar was read:

43, Duke-street, Toronto, February 19th, 1879.

SIR,—I wish to inform you of the result of a legal demand for registration made by me on the Council of the College of Physicians and Surgeons of Ontario, with which Council you, I believe, have had some correspondence on the subject of reciprocal registration.

The demand for registration made by me on the ground of my being a registered practitioner of the United Kingdom having been refused, I determined to test the legality of such a refusal in the Courts, and I accordingly applied for and obtained a rule *nisi* in the Court of Common Pleas. The rule having been served on the counsel for the Council, they, after mature deliberation, advised the Council to register me without any delay, as I was undoubtedly entitled to registration without examination in virtue of my English registration. Thus the disagreeable necessity of either running the risk of prosecution or going up for an examination in every branch has been done away with, at least as far as I can do it; and it now remains with the British Medical Council to complete the work. The third section of the Medical Act Amendment Act for 1858, in which colonial registration is provided for English registered practitioners, only provides for it "on payment of the fees, if any, that are required," leaving it possible, though undoubtedly against the spirit of the Act, for the Council here to charge a prohibitory fee, which, I believe, they are talking of doing; so that what is wanted is a clause added for the purpose of preventing the demand for an unreasonable fee, or one at all in excess of the regular fee charged to the members of the profession who obtain their degrees &c. in the colony. I would earnestly request your consideration of this very important matter, and trust that I have made the matter quite clear.

I remain, yours very sincerely,
E. H. BALDWIN.

On the motion of Mr. Simon, it was agreed to request the President to bring the letter under the notice of the Colonial Office, as alleging an endeavour to introduce into the colony a system of differential registration fees to the disadvantage of English practitioners.

Mr. TEALE brought forward the following memorial from the Obstetrical Society of London:—

GENTLEMEN,—On behalf of the Obstetrical Society of London we beg to urge upon you the insufficiency of the time now allotted to the study of midwifery and the diseases of women at the English medical schools in accordance with the regulations of the licensing bodies, and to press upon you the necessity of ensuring in any conjoint scheme of medical examination an adequate time for the study of these subjects. In the scheme now proposed by the English corporations, the space allotted to these subjects is three months only—a time quite inadequate to their extent and importance. Evidence of this has been recently supplied by the Royal College of Physicians in a circular sent to the various medical schools, dated January 30th, 1879, which contains the following resolution:—

"That the College represents to the various medical schools the defective knowledge concerning the use of obstetric instruments evinced by candidates who present themselves for the College licence, and ask their co-operation in promoting a more accurate knowledge of these subjects."

We are of opinion that the only means capable of rendering the teaching of obstetric medicine efficient is to make a longer study of the subject compulsory. This is the opinion of the teachers of midwifery generally. Moreover, a similar conclusion was arrived at by the committee of the Medical Council appointed on June 26th, 1868, "to consider and report on various subjects of medical education, &c."; for, in their report, the following passage occurs: "We are decidedly of opinion that the present space allotted to midwifery in the regulations of some of the licensing bodies is too short, and that, as was formerly the case, it should extend over one winter session, and that instruction in practical midwifery should also be extended."

In the schools of Scotland and Ireland the recommendation of the committee is in force, and the subject is taught during a winter session. The present—when a conjoint scheme of examination seems likely to become law, and when medical legislation occupies Parliament—appears to be a fitting time for effecting those changes which are necessary for the efficient teaching of the subjects in question; and we would respectfully beg the General Medical Council to approve of no scheme of medical examination which does not make provision for a six months' course of study of obstetric medicine.

We have the honour to be, gentlemen,
Your most obedient servants,
W. S. PLAYFAIR, M.D., President.
JOHN WILLIAMS, M.D., } Hon. Secs.
CLEMENT GODSON, M.D., }

To the General Medical Council,
London, March 18th, 1879.

Dr. HAUGHTON said the University of Dublin always required six months' course of lectures in midwifery, but in the early part of 1868 he received a letter from a graduate of the University which very much astonished him. A large number of the young men who passed through that university had the same fighting taste that most Irishmen possessed, and preferred to enter the army. One of those who had passed the army examination wrote to him to say that he had charge of a troop-ship going to New Zealand, and during the voyage four soldiers' wives were delivered. The first three were delivered with the help of the other wives on board, who knew a great deal more about it than the doctor did; but the fourth turned out to be a difficult case, and the woman and child both died. The gentleman wrote to him strongly urging that the regulations of the University should be altered, and that no men should be allowed to graduate without having a practical knowledge of midwifery. The University immediately adopted the recommendation, and from the 22nd October, 1868, every graduate had been required to attend a six months' course of lectures in midwifery, and also another six months in a lying-in hospital or maternity, or to have attended thirty cases of labour.

Dr. HUMPHRY moved the adoption of the report of the Executive Committee on qualifications for registration under the Dentists Act. Last year the Council referred to the Executive Committee to obtain information respecting the education and examination in dentistry required by the licensing bodies in the three divisions of the kingdom. They were also requested to obtain information with respect to the courses of study and examination to be gone through by applicants for diplomas in dentistry in foreign or colonial universities. That was a matter of considerable difficulty, but information had been obtained with regard to fifteen institutions, which granted such diplomas in dentistry. They were all in America. The Executive Committee had gone through the information, and decided that they would not recognise any diplomas that were obtained after less than three years' study. In doing that they found they were quite in accord with the general feeling of those in America who had most considered the matter, and they had come to the conclusion that the only two bodies whose diplomas they could recognise were the University of Harvard and the University of Michigan. With regard to the others they could not obtain sufficient information. He therefore moved that the report of the Executive Committee be received and adopted.

Dr. A. WOOD seconded the motion.

After a few remarks from Mr. Macnamara the motion was agreed to.

A discussion next took place as to the necessity for having in the Dental Register a column for additional diplomas, degrees, licences or letters, and it was ultimately decided to omit the column in the forthcoming Dentists' Register.

The following letter was read by the registrar:—

Austin's Court Farm, near Lichfield,
Dec. 24th, 1878.

SIR,—I consider I have a claim to be registered under Section 37 of the Dentists Act (1878), for which purpose I submit a copy of my indenture, which I have sent in accordance with instructions sent to me by the secretary of the Dental Reform Committee, who informs me that he is sure my case will be dealt with in a liberal spirit, and that I was to state my case in full to you.

Supposing I had only been apprenticed for four years, I should have been entitled to register, but by serving five I am excluded from it; nevertheless, a pupil serving four years, and commencing after me, would be entitled to register, therefore I think you will agree with me that my case is a very *hard one*, and, in the true meaning of the Act, I am equally entitled to it. .....

I am, Sir, your obedient servant,
W. J. C. Miller, Esq. ARTHUR COXON.

On the motion of Dr. HUMPHRY, seconded by Dr. A. WOOD, it was agreed, "That Mr. Arthur Coxon be allowed to be registered under the 37th Section of the Dentists Act on application at the termination of his apprenticeship."

Dr. A. SMITH then moved the customary resolutions empowering the Executive Committee to act until the next meeting of the Council, and tendering the thanks of the Council to Dr. A. Wood for his services as chairman of the Business Committee, to the treasurers, Dr. Quain and Dr Pitman, and to the President.

The session of the Council then terminated.

OSTEOTOMY FOR GENU VALGUM AND VARUM.

To the Editor of THE LANCET.

SIR,—Since certain gentlemen have lately found it difficult to determine priority in the above operation, I may possibly help them to a conclusion on the matter. On Oct. 9th, 1876, Mr. H. Taylor, of Guildford, by my advice and in my presence, divided the femur (with Maunder's chisel) transversely just above the condyles, with an admirable result. I possess photographs of the young man both before and after operation.

I am, &c.,
C. F. MAUNDER.

Queen Anne-street, Cavendish-square, W., March 30th, 1879.

THE LANCET.

LONDON: SATURDAY, APRIL 5, 1879.

BEFORE we take leave of the melancholy exhibition of impotence and self-complacency made at the recent meeting of the General Medical Council we must note one or two features of the meeting to which we have done but scant justice.

The profession is very much indebted to Mr. RAWDON MACNAMARA for honestly proposing, as an amendment to Dr. WOOD'S motion that representatives of the general body of practitioners should be nominated by the Crown, "That the Council, as at present constituted, fairly represents the profession at large." As Mr. MACNAMARA'S hand alone appeared in support of this proposition, even his own seconder, Dr. QUAIN, failing him in the division, it may be held henceforth that the Council itself does not think that the Council fairly represents the profession. It is a great thing to have got a negative declaration of this kind from the Medical Council. Members are fond of saying that it does represent the profession when it suits their argument, but here is one man only, out of twenty-four, who ventures to vote to that effect. The Council, while voting so, refuses to suggest any change in its own constitution. Taking these two facts into consideration together, there is no way of avoiding the conclusion that the Council does not think that the profession should be represented at its table. Its educating authorities and its examining bodies should be represented; the Crown, as representing the public, should be represented; the vested interests of the various bodies should be represented. But the profession itself should not be represented at the Board. If there is any error in this reasoning, or injustice to the Council, we shall be glad to have it pointed out. If there is not, then we can only say that it is no wonder if there is, as Mr. SIMON says, a dire schism in the medical body, and a very serious want of sympathy between the Council and the profession to which it owes all its importance. The Council does not fairly represent the profession, and the Council itself loves to have it so. This is the lamentable outcome of the discussion which has just closed. We have known the fact long enough; but we are indebted to Mr. MACNAMARA'S honest motion for bringing it into prominence.

The hearty rejection of the principle of direct representation was one of the chief acts—negative, like most of the great acts—of the Council. We have never regarded direct representation as the one remedy for all the faults of the General Medical Council, as some medical reformers have done; but as a plain and honest way of representing the body of the profession, apart from corporation associations, it has, and always has had, our hearty trust and support. But the Medical Council, composed of men who are supposed to lead the profession, so fear or so despise the general vote as to have by a very large majority rejected the principle, the majority including Sir WILLIAM GULL, Dr. ANDREW WOOD, and others, who on former occasions voted in favour of direct representation. There could not be a greater reflection on the profession, or rather on the Council, which has had the education of the profession in its charge for twenty years, than that it cannot trust the general body of practitioners to vote with dignity and to select four or six candidates with good taste and judgment from the body of the profession. Whether the registration fee is a tax or not is a secondary question compared with the question whether the general rank and file of the profession could be trusted to choose men who would sustain the dignity and efficiency of the Medical Council. The latter is *the* question, and our leaders answer it in the negative.

Dr. HUMPHRY, indeed, has made a discovery—we might say a charge—to which we must allude. He traces the demand for direct representation of the profession to the journals, who think by supporting it to increase their own influence. "No man would have a chance of being elected who did not receive that influence." We must be thankful for this acknowledgment of our power. Other speakers, too, from whom, equally as from Dr. HUMPHRY, better things might have been expected, could see nothing in this universal demand but a creation of "wire-pullers," who for the purpose of advancing their own self-importance, were supporting this cry. Dr. HUMPHRY at a later stage of the meeting very eloquently and with indignation protested against motives being attributed to members of the Council. His indignation was justifiable. We ask him to remember his own principle, and not to tamper with the motives of those who hold opinions different from his own. It would be more worthy of Dr. HUMPHRY to refute their arguments than to question their motives. We shall not, as a portion of the press, vindicate our motives. It is rather late in the day for a medical journal to vindicate its motives in maintaining the claims of medical men. We will only say that the charge of doing injustice to the Council comes with ill grace from members of that body. For weeks in the year our columns groan under the weight of their reiterations. They are allowed in our pages, not only to speak, but to speak the same thing twenty times over, or, where the opinions change "twenty times," as in Sir WILLIAM GULL'S case, to go on to express a twenty-first. But Dr. HUMPHRY objects to the impressions left by "leading articles." Does he wish the press to paraphrase all the speeches in its leading articles, and to forego honest criticism?—to bespatter the Council with praise when it deserves blame? Was it such a press that he thought he was admitting when he condescendingly voted for the admission of reporters? We are sorry to disappoint him; but we are more sorry still to see a man of Dr. HUMPHRY'S sense so illiberal in his construction of the motives of the press, and display so little respect for the general judgment of the members of his own profession. It is almost pitiable, and certainly curious, to see a man of Dr. HUMPHRY'S type blindly believing in the simplicity of the motives of a Council of nineteen corporations, and questioning those of journals that live in the light of public opinion.

Professor TURNER, in supporting the remarkable motion of Mr. SIMON for closing the consideration of the subject of the working and constitution of the Council, after an investigation extending over eight months, without expressing any opinion on it, justified his doing so by saying that what

they came together for was to state their views on "direct representation," and having done that they might close. There could be no greater misrepresentation, though of course an unintentional one, on the part of Prof. TURNER. We do not know what the Council assembled for. Nobody seems to know. But to say that they could be justified in coming to London, at a cost of £1000 to £1500, to inveigh against direct representation, and then to close, shows a reading of the Medical Act very different from our own.

The Council closes with a great loss of respect. How can the Government respect a Council which disperses without coming to a conclusion on a subject on which it volunteered advice? How can the profession respect a Council which so mistrusts its judgment and its power to help in promoting the great end of medical education, and so misrepresents its organs? How can a Council which is so fearful of expressing its opinions respect itself? The Council works negatively. It may be that by such exhibitions of its inefficiency it may contribute unintentionally to its own reform.

IN the House of Lords on Monday night, Lord DORCHESTER asked whether it was true that Colonel PEARSON'S column went into Zululand with only one military surgeon to two full battalions of troops, and whether the Army Hospital Corps was composed of lads about whose want of nerve and experience the doctors complained very bitterly. Viscount BURY stated that "on Dec. 21st the strength of Colonel PEARSON'S column was—Europeans 1400, with two army medical officers and two naval medical officers; natives 2000, with three civil surgeons. The Principal Medical Officer asked for three more medical officers for this column. Three more were at the time on their way to Natal, where they arrived on Jan. 13th. On the 20th of the same month one Medical Department officer and three civil surgeons arrived." He also gave information which completely negatived the report as to the Army Hospital Corps. Lord BURY very fairly complained that Lord DORCHESTER had not taken the slightest trouble to ascertain whether there was any ground for the rumour, which he stated had been taken from a local paper. "If his noble friend had made the slightest inquiry of the War Department he would have received information to satisfy him that the statement was unfounded." The right of asking questions in the House is a privilege of much value and importance, but it ought, like most other privileges, to carry a certain degree of responsibility with it. It ought to involve upon the part of the questioner a moderate amount of care to ascertain that the statement upon which the question is made has some foundation in fact. It is to be regretted that an officer of Lord DORCHESTER'S standing should have neglected so very obvious a duty before asking a question which implied culpable neglect on the part of an important department of the service. His lordship took the opportunity of stating to the House that "he believed that the whole of the new medical system was unsuccessful, and that the Army Hospital Corps was a gigantic failure." We have no means of knowing what opportunities he has had of judging of the working of the system, or from what source he has obtained the information on which he has formed his opinion, but on both points we entirely differ from him. The communications we receive relative to the working of the new system lead us to believe that it is daily gaining ground in the opinion of the medical officers, and as regards the Army Hospital Corps we hear the most favourable reports of the boon conferred by its formation on both the medical officers and the sick. So far from being a gigantic failure, it has been a great success, and few things would be more unpopular in the service than to disband it, and revert to the old system of untrained orderlies. Had Lord DORCHESTER known anything at all about the Army Hospital Corps, he would scarcely have asked the question about it that he did. It has been recruited to a very great extent by volunteers from regiments, and the few men who have been enlisted directly into it have gone through their drill, and a course of special instruction at Netley or Aldershot. In speaking of them, therefore, as lads whose "want of nerve and experience" was a subject of complaint, he betrayed his own want of knowledge on the subject. We cannot but regret that Lord DORCHESTER, when he could have so easily ascertained that the statement was without foundation, should, on the authority of a mere paragraph in a local paper, have put a question throwing discredit on the Army Medical Department.

MR. RODWELL'S Bill for the Relief of the Insane Poor is good in so far as it seeks to provide for the elimination of incurable and harmless lunatics from houses and asylums which are, or ought to be, *hospitals* for the treatment of recent and curable cases of mental disease. In short, the object at which the measure aims is commendable; but the honourable member acted discreetly in accepting the proposal that it should be referred to a Select Committee. The 8th & 9th Vict., c. 126, s. 27, contained the following provision: "And be it further enacted, That in the erecting and providing of every asylum hereafter to be erected or provided for the reception of pauper lunatics, and also in enlarging the same or any asylum already erected, regard shall be had to the number of lunatics to be provided for therein who shall be or be deemed curable or dangerous; and in order to prevent such lunatics being excluded from admission into such asylum by reason of the admission or accumulation therein of chronic or incurable lunatics, some separate or additional building shall be provided for chronic or incurable lunatics whenever by reason of the increase in numbers of lunatics, the asylum shall be insufficient for the accommodation of all lunatics entitled to be received therein; and in order to secure the immediate admission into every such asylum of all lunatics deemed curable or dangerous a sufficient number of such chronic or incurable lunatics shall from time to time be transferred from such asylum to such separate or additional building to be provided as aforesaid." Section 56 of the same Act (dated 1845) gave power to the Commissioners in Lunacy to remove pauper lunatics to the houses set apart for chronic cases, and to take them back again, in the event of need arising, without fresh certificates. In short, the houses for such cases were legally made branch establishments of the asylums proper.

Unfortunately, the Act just cited was repealed by the 16th & 17th Vict., c. 97 (1853), and the obligation to provide these houses-of-ease to the county lunatic asylums no longer exists. The Earl of SHAFTESBURY, in his evidence before the Select Committee in 1858-9, stated the purpose of the

old Act to have been "that the principal asylum might be emptied of its chronic cases, and be kept open for the reception of the recent and curable cases; and wherever this has happened [continued the noble lord] the greatest benefit has arisen." Where this plan had not been carried out, as his lordship pointedly remarked, 'the asylums were filled with chronic cases, and the recent cases not having been taken in time, they have become inveterate and incurable." How serious this position of affairs really is may be gathered from the fact that *barely 10 per cent. of the total lunatics* in county and borough asylums, hospitals, and licensed houses (that is, private asylums) throughout England and Wales are deemed curable. Nevertheless, the Select Committee of 1858–9 did not see fit to recommend a re-enactment of the express provisions of 8 & 9 Vict., c. 126, s. 27, which had been repealed by 16 & 17 Vict., c. 97. The question "whether it might not be advisable to erect, *in connexion with* 'asylums,' detached buildings, of a simple and inexpensive character for the reception of imbecile and chronic patients," was discussed, but the Select Committee then constituted arrived at the impotent conclusion that "these and the like matters require no alteration in the law, and may well be left to the visiting justices to regulate and determine, acting in communication with the Commissioners in Lunacy, and the Secretary of State." They forgot that laws are required for the compulsory control of those who like to drift on pleasantly without doing anything that necessitates outlay or trouble, although in the long run the reform recommended to their attention would prove convenient and pains-sparing. This is a lapse of memory to which Select Committees are exceedingly prone, and it must be confessed we have not any great hope of the ultimate success of Mr. RODWELL'S proposal. We repeat he was well-advised in consenting to refer his measure to a Select Committee, but we fear that is about the last that will be heard of it; unless, indeed, it should chance that, the County Bill being practically abandoned, the Local Government Board cherishes a hope of carrying some of its proposals to the Statute-book, under cover of this measure, in an amended form!

The real obstacle in the way of this and many other necessary reforms in connexion with lunacy is the *vis inertiæ* of authorities, intensified by a morbid feeling that to admit the need of improvement is to acknowledge imperfections it is desired to disguise, and to waive a claim to credit for philanthropy which it is desired to press. This feeling is, as we have said, backed up by a parsimony that dreads every and any expense. Separate houses for chronic cases are needed, and known to be necessary, but the separation of the tractable cases of chronic derangement—which are out of place in an asylum, and might well, in a majority of instances, be bread-winning outside—would entail the loss of a considerable quantity of unpaid labour, and in other ways cause an increase of expense. This is, we believe, a fallacy, but it prevails, and while it is cherished, no Select Committee of gentlemen experienced in asylum control will recommend a law to compel the separation required. There is another piece of excellent policy that will *not* be entertained until a great change comes over the spirit of the Legislature—namely, the construction of houses intermediate between the asylums and the world, for the perfect convalescence of lunatics who, being only half recovered, are likely to, and as a matter of fact do, return, but who would not so return if their cure were carried a little further. As far back as 1838 Sir WILLIAM ELLIS, the first medical superintendent of Hanwell Asylum, strongly urged that intermediate homes for the convalescent should be provided, but he pleaded in vain, and no better success has attended the efforts of those who have succeeded him. The whole subject of lunacy law, and policy, reform is enveloped in a dense fog, which it will probably require a strong and steady breeze to blow away.

WE have a great respect for Dr. RICHARDSON, and for the Medical Defence Association over which he ably and worthily presides. But we must lose no time in expressing our surprise at his recent suggestion with reference to the form of irregular practice known as counter-practice by druggists. This kind of practice is illegal. It is contrary to the Apothecaries Act of 1815, and in well selected cases many verdicts against it have been obtained. In spite of this it is carried on to a serious extent, and every now and again very sad cases transpire in which the first and curable stages of disease, especially in children, have been allowed to pass, and disease to take up an impregnable and fatal position, in consequence of the semi-medical pretensions of chemists who undertake duties for which they are in no way qualified. The amount of counter-practice is undoubtedly a great evil. But Dr. RICHARDSON'S proposal is calculated to extend it indefinitely. It is to the effect that, as counter-practice cannot be stopped, it should be legalised. There is something so illogical, we had almost said absurd, in this proposition, that we think there must be some inaccuracy in the published reports. Dr. RICHARDSON would not deal thus with any other great evil in which he believed. He has a strong opinion on the evil of intemperance, but he does not propose to mend matters by passing a law that shall legalise drunkenness.

In the name of medical science and in the interest of the public we protest against any proposal to give a legal recognition to anything less than the minimum qualifications in medicine and surgery. The whole effort of the profession is to raise the standard of medical competence and qualification, in deference to complaints from various quarters that medical qualifications in past times have been granted to imperfectly educated persons. And we are sure that Dr. RICHARDSON is among the foremost to demand that the minimum standard of medical education be kept up. We cannot believe but that when he comes to reflect on his proposal of the 26th ult. he will withdraw it. What seems to be implied in this proposal? That there is a certain amount of disease that can be detected and prescribed for over the counter. The intervention of the counter will not be insisted on, and practically this legalised medical pharmaceutist will see his patients in a back room, while his assistant will dispense the facile prescription. Now, this is virtually to say that three-fourths of the disease that needs medical treatment can be dealt with by a class of men with half the training of the present race of general medical practitioners. Only a very small proportion of disease would be found which could not be taken to a chemist's shop. Diphtheria, consumption, cancer, skin

disease, all degrees of bronchitis, whooping-cough, diarrhœa, and nearly all children's diseases, all diathetic disease—so nebulous to the uneducated and yet so necessary to be understood for therapeutical purposes,—all organic disease, incipient and advanced, would get to the counter, and could be prescribed for there. Dr. RICHARDSON is reported to have proposed to legalise such treatment. It is difficult to argue seriously such a proposition, if the standard of medical education in the interest of the public is to be maintained. The truth is the minimum standard now is too low. The great way to uphold medicine is to make wide and sharp the distinction between those educated in medicine and those not. To institute new grades of semi-apothecaries is the most retrograde proposal that has been made for many years. The success of such a proposal would nullify all that has been done, and is being done, to improve medical education. There is always a large class of men who will content themselves with the minimum amount of knowledge that can be exacted from them by law, and who drag down with them the reputation of a profession to whose skirts they hang on. The cure for this contemplated by all Medical Bills is to raise the minimum examination, and to leave all who cannot pass it entirely outside the profession. We feel persuaded that Dr. RICHARDSON himself, on mature reflection, will feel that his proposal would be highly injurious and unjust to the profession, and very much to the disadvantage of the public.

AN ingenious attempt has been made by HEIDENHAIN to ascertain the function of the several glands of the stomach in the dog. The operative proceedings in every case proved fatal to the animal within a month. They consisted in isolating, by section, a segment of the stomach, and bringing the edges together, so that the isolated portion was converted into a tube or sac, blind at the extremities, but with a small fistula in it. The edges of the stomach were also brought together, and the continuity of the alimentary canal was thus provided for. HEIDENHAIN notices as a curious fact that the healing of the wound went on well in the sac, though the edges of the abdominal wound were much eaten away by the digestive process, owing to the escape of the secretion. The mucous membrane of an isolated portion of the fundus yielded a fluid partly composed of the tenacious mucus of the superficial epithelium, and partly of the thin fluid secretion of the glands. After filtration, the fluid was as clear as water, and occasionally feebly opalescent, but never yellow. It was always highly acid, and contained 0·45 per cent. of solids, which were partly of an organic, partly of an inorganic nature, the organic being chiefly pepsin. A slight haze appeared when it was boiled, and also on the addition of alcohol, but concentrated nitric acid scarcely rendered it cloudy, and it did not assume a yellow colour when heated; slight, and scarcely more than a slight, troubling of the fluid occurred on the addition of platinum chloride, neutral lead acetate, and tannic acid. It therefore appears to have been a solution of pepsin with very slight contamination of other organic substances. Careful examination demonstrated that the acidity was due to the presence of hydrochloric acid; the quantity determined from an average of thirty-six analyses made by GSCHEIDLEN being 0·52 per cent.—a very high proportion, the amount given by BIDDER and SCHMIDT being only 0·305 per cent., even when admixture of alkaline saliva had been carefully avoided. In regard to the process of secretion, HEIDENHAIN found that mechanical irritation of the mucous membrane only effects an increase in the secretion in the parts locally stimulated, portions of elastic tissue or caoutchouc causing secretion in the parts touched. If, however, the material introduced into the stomach be of a nutritious character, and absorption occurs, the process of secretion is stimulated to take place in parts far remote from the point of contact. The absorption of water has only a transient effect. HEIDENHAIN'S experiments have a certain bearing on SCHIFF'S charging theory, for he found that the amount of pepsin diminishes rapidly at the beginning of secretion, falling to its lowest point during the second hour, then rising again about the fourth hour, at which period it surpasses its original amount and then again gradually diminishes. This rise and fall occurs when the animal has been long kept fasting, and also when the meal has been given in the later stages of digestion, whilst secretion was still progressing. The secretion of acid and the secretion of pepsin do not run parallel. The results, then, of HEIDENHAIN'S experiments are, upon the whole, confirmatory of those of KLEMENSIEWICZ and others, and agree with the results of anatomical investigations, which show that there are two sets of glands in the stomach—one occupying the fundus and secreting an acid fluid, the other distributed in the pyloric region and secreting an alkaline fluid; the former appear to act intermittingly, but the latter are continuous in their action.

THERE is no doubt that the medical profession in Russia are at the present moment in a state of profound unrest as to the near future of plague there. From the beginning of the outbreak in the province of Astrakhan, there has been a fear—determined perhaps by the course which plague pursued during its recent prevalence in the province of Ghilan, North-Western Persia—that this outbreak was probably but the forerunner of a wider and more serious manifestation in Russia which might be looked for in the course of spring. The cessation of the outbreak in the province of Astrakhan has not in any degree modified this view of the subject, and as the spring draws on, expectation is on the alert to distinguish the first indications of that which is dreaded. The occurrence of another and happily not fatal case of plague within the infected area on the Volga, in the course of last week, gave rise to a momentary fear that the period of intermission between the forerunning outbreak and the greater invasion apprehended had come to an end. It is not, however, the indication in this direction which exercises at the present moment the minds of our professional brethren in Russia. Their attention is fixed upon seeming forerunners of the dreaded malady, which would appear to be scattered almost over the whole area of Russia in Europe. Our readers will remember the case of bubonic malady, unattended with much general disturbance of the system, which Professor BOTKINE observed a few weeks ago in St. Petersburg, and which he pronounced to be the slight form of plague which often precedes the deadlier manifestations of the disease.

The weight of medical opinion in St. Petersburg declared itself against Professor BOTKINE'S view of this case. It is now known that the case in question is not the only one of the sort which has occurred in St. Petersburg, and that the later cases have been free from the complications which led to doubt in the earlier case. It is now known, too, that similar cases of this dubious bubonic affection have been observed also in Vitebsk, Tsaritsyn, Odessa, and in Warsaw; and it may be inferred that there is at present widely scattered in Russia a form of bubonic disease, of seemingly trivial character, unfamiliar to the medical profession there, and which it is feared may be of the sort which preceded the several recent appearances of plague in Mesopotamia, which occurred also prior to the late outbreak of plague in the province of Astrakhan, and which is, in fact, a form of plague.

Under these circumstances, it can be understood with what anxiety the near future as to plague is regarded in Russia by those who are most competent to judge of the possibilities of the case, and how anxiously obscure forms of disease are now being scanned over a large part of that empire. It is well that this state of things should be fully apprehended here. We shall not now have long to wait before the fate of Russia and our own prospect as to plague for the present year may be determined. But with the events of the Mesopotamian and Persian outbreaks before us, if Europe should be so fortunate as to escape from any further appearance of plague this year, it will be premature to think we have escaped with only the circumscribed explosion on the Volga until another winter and spring has passed.

Annotations.

"Ne quid nimis."

HOSPITAL REFORM.

THE *Contemporary Review* for this month contains a well-informed article on Hospital Reform, by Dr. W. Fairlie Clarke, in which some of the evils attending the present out-patient system are exposed, and a few simple remedies suggested. Dr. Clarke points out that, as regards the Royal hospitals of St. Bartholomew and St. Thomas, the formation of medical schools attached to the hospitals and the establishment of out-patient departments are comparatively recent innovations. Of the former of these two changes, he says "it conduces in no small degree to the welfare of the patients and of the nation at large," and is within the spirit, if not within the letter, of the charters; but on the latter he looks with less favour. Dr. Clarke allows that some kind of out-patient department is necessary, where physicians and surgeons may see patients besides those residing in the hospital: such, for instance, as those who, after their discharge from the wards, require to be kept under observation and to be supplied with medicines until recovery is complete; or those who may be deemed suitable cases for admission, and are awaiting their turn. Besides these, he would allow two other classes of persons to attend the out-patient department: those who may be sent to the hospital for consultation, or who may for some special medical reason be allowed to attend; and the struggling poor who are above the level of the pauper, but who from some cause cannot reasonably be expected to pay anything for their own medical attendance. "In short," he says, "the admission to the out-patient department should depend, firstly, upon the medical necessities of the case, and, secondly, upon the social condition of the applicants." Saving these, there should, in Dr. Clarke's opinion, be no out-patients at the great hospitals. All the other persons who attend as out-patients at the great hospitals should, he maintains, be provided for in one of two ways, according to their social grade: the paupers should be transferred to the exclusive care of the Poor-law medical officers; while the remainder, presumably belonging to the working classes, should be encouraged or compelled to join some provident dispensary, where, for a small weekly, monthly, or quarterly payment, they may receive medical attendance for their minor ailments—at least all maladies short of those that require admission into hospital. If the authorities of great hospitals would assist in helping to develop the system of provident dispensaries by recognising those already opened, and by starting fresh ones in their several districts, they would, he thinks, not only abolish most of the existing abuses of hospitals, but would promote self-dependence and thrift in the working classes. Nor would the practice of medicine, and the profession generally, fail to reap corresponding benefits, especially if the provident dispensaries were affiliated with the medical schools. The medical student could then, as we have more than once suggested, under proper supervision, enjoy the advantage of *home* visitation of the sick poor, and engage in the treatment of many simple and common ailments, the absence of which opportunity is an admitted defect in the instruction given under the present arrangements.

THE PATHOLOGICAL SOCIETY.

THE discussion on Lardaceous Disease opened at the previous meeting of the Pathological Society, was renewed on Tuesday last, the President, Mr. Hutchinson, remarking that the object the Council had in view in initiating the discussion was threefold—viz., to call forth new facts of original research into the subject, to elicit statements of hospital statistics similar to those brought forward at the last meeting by Dr. Turner, and to invite criticism upon the general pathology of the matter. Speaking of the relation between lardaceous disease and syphilis, Mr. Hutchinson asked for definite information upon its occurrence in that disease apart from suppuration. If it did so occur, he asked, was it in the form of a general change, or as a local limitation to gummata. Dr. Greenfield doubted the value of the "iodine test" as a pathognomonic sign of the lardaceous change, and introduced to notice the more certain reaction, first pointed out by Cornil, of the violet of methyl-aniline. He urged many considerations against the view of the change being of the nature of an "infiltration" rather than a degenerative change in tissue induced by impoverished blood, and pointed out that in suppuration the great loss of the blood in leucocytes was as marked a feature as its loss in potash. Dr. Pye-Smith, speaking of the chemical side of the question, showed that the product formed by the action of hydrochloric acid on fibrin was syntonin or an allied form of acid-albumen, quite different in properties to the lardaceous material, one notable difference being the insolubility of the latter in digestive fluids. He also doubted the efficacy of the "iodine test," and, like Dr. Greenfield, argued that the loss of leucocytes and of phosphates experienced by the blood in suppuration could quite as reasonably be supposed to influence the nutrition of the tissues as the loss of potash. He thus inclined to the view of degeneration rather than of infiltration as more accordant with modern knowledge. Dr. Goodhart did good service by reminding the Society of a valuable analysis of cases culled from the records of Guy's Hospital, published in the Society's Transactions two years ago by Dr. Fagge, from which it appeared, *inter alia*, that in a large number of cases the

change was met with in syphilis apart from suppuration. A question he put as to the influence of the fever of suppuration in hastening the change led to some excellent observations by Dr. Stephen Mackenzie upon hyaline changes in small arteries observed by Dr. Klein and himself in many febrile and other conditions—e.g., in typhoid and scarlet fevers, in pyæmia, and in diabetes, the hyaline material being allied to, but not precisely the same as, the lardaceous change. After Dr. Duckworth had cited two cases in which there was evidence of considerable retrograde change in lardaceous organs, the Society adjourned, it being understood that Dr. Dickinson will reply at the opening of the next meeting, which will take place on the 15th inst.

LITHOLAPAXY.

MR. CADGE'S remarks on lithotrity at one sitting, which we publish in another column, will be read by practical surgeons with the interest and attention that this gentleman's writings always deserve. The report of five cases of stone in the bladder treated by him according to Professor Bigelow's plan, and the commentary thereon, are especially valuable, as coming from a judge acknowledged on every hand to be as competent as he is impartial. Like many others, Mr. Cadge, when he first became aware of Professor Bigelow's views, seems to have regarded them as crude in theory and likely to lead to dangerous results in practice, but a more careful examination induced him to modify his first impressions, and to think that in the new method there was not only novelty but progress. This is by no means a rare experience in the history of surgery. That quality which, as we have been lately informed, is desirable in a Government agent, is indispensable in a surgeon—boldness, boldness, always boldness! When surgeons, fearful of damaging the coats of the vessel, employed broad ribands loosely placed around the artery, secondary hæmorrhage was so frequent that many eminent men refused to employ the ligature at all; but when Dr. J. F. D. Jones, as the result of pathological investigation, showed that division of the inner and middle coats of the artery is necessary, the ligature took its proper place as a safe mode of arresting arterial hæmorrhage, and as one of the most effectual aids in the cure of aneurism. Similar revolutions have occurred in other departments of operative surgery, and it may be that the dread of doing too much has hitherto militated against the complete success of lithotrity. Of this we have as yet no adequate means of judging. Much prudence and circumspection are still needed, and we would echo Mr. Cadge's caution that the new plan should not be lightly undertaken, especially by those unskilled in lithotritical manipulations.

UNIVERSITY COLLEGE, LONDON.

PROFESSOR HENRY MORLEY has published in the form of a pamphlet the address which he delivered as Dean of the Faculty of Arts on the occasion of the completion of the fiftieth year of the existence of University College. This address is mainly retrospective, and gives a very interesting history of the advance of public opinion in the matter of education during the past half century. Campbell the poet, David Hume, Henry Brougham, George Grote, and Sir Isaac Goldsmid were the most prominent among those who, in the year 1825, conceived the idea of a university which should throw open its portals to all students, irrespective of creed. This idea was not long in assuming a tangible form, and the necessary funds for a building were soon subscribed; the site in Gower street was purchased for £30,000, and Wilkin's noble edifice was partly erected. The first session was held in 1828, and among the professors who taught medicine and the collateral sciences were Charles Bell, Edmund Grant, Anthony Todd Thomson, Conolly, Lindley, and Lardner. The success of the medical school was soon assured, and in the first year there were 165 medical students on the books. Five years later this number was nearly doubled, and before the completion of the first decennium there were very few short of 500 medical students attending the lectures of Sharpey and his colleagues. These numbers were not maintained, but have fluctuated between 200 and 400 since that time. The Arts classes and the Boys' school have been most successful; but the motto of the Council has been that not to go forward is to go back, and, in spite of want of room and want of funds, they have boldly undertaken to supply every educational want. The Slade School of Fine Arts has been a very great success, and the number of students is in excess of the accommodation. The course of Technological Chemistry, inaugurated during the past winter by Professor Graham, attracted many additional students, and will certainly attract more. Dr. Burdon Sanderson is asking for additions to the already large area devoted to Physiology. The Engineering classes are to have the advantage of spacious workshops, where a knowledge of practical matters may be added to theory. The admission of ladies to the classes in the faculties of Arts and Science has made considerable demands upon the space allotted to students generally, and the Museum and Laboratory of Hygiene (although the former has only a temporary home in the College), while they enable that important subject to be taught in a manner which is really worthy of it, occupy a considerable area, and help materially to make the extension of the present building an absolute necessity. To carry out the necessary extensions, a sum of £50,000 is needed, and towards this many liberal contributions have already been made. Mr. Samuel Sharpe, an old friend of the College, has given the munificent donation of £5000, while the Duke of Bedford, Lord Belper, Mr. Jodrell, and the Fishmongers' Company have given £1000 each. Some £12,000 have been contributed by others, and there can be no doubt that the whole sum will be quickly subscribed.

THE LORDS COMMITTEE ON INTEMPERANCE AND THE MEDICAL EVIDENCE.

THE medical witnesses who were examined at considerable length by the Lords Committee on Intemperance will not feel flattered by the summary way in which their evidence is disposed of in the report. We shall have to comment on this report ere long. But we may venture at once to say that the notice of the medical evidence is most inadequate. The witnesses were Sir William Gull, Sir Henry Thompson, Dr. Burdon Sanderson, Dr. Brunton, and Dr. W. B. Richardson. Our readers will remember that we gave an outline of the evidence of these gentlemen. The drift of it was that medical observation went to show that healthy people got on best either without alcohol or with extremely little; and that quantities thought moderate, and taken habitually, were often the cause of disorder and disease; but that the use of alcohol in disease was valuable and indispensable. Dr. Richardson did not concur in the latter opinion. The Lords, in their report, dismiss the medical evidence with this paragraph:—

"Although much valuable and interesting information has been provided by these gentlemen, it does not appear, from their evidence, that there is any theory as to the physiological properties, or as to the dietetic or medicinal value of alcohol, which is as yet so generally accepted by the medical profession as would warrant its being adopted as a basis for legislation."

This seems to us scarcely respectful to the medical witnesses. If the committee thought that their views were too severely temperate, they should have examined a larger number of medical men, with a view to getting a fuller expression of medical opinion. But if they had no reason to doubt that, on the whole, physiological and medical

testimony was against anything but the most careful use of alcohol they should have said so. We think the public will endorse this criticism. We make it the more unreservedly, as it is known, and, indeed, appears from the minutes of the proceedings of the committee, that an amendment of the report on this part of the subject was proposed by the Lord Archbishop of York. This amendment gave a careful *précis* of the medical and physiological evidence, and urged the importance of extending public education on this subject. But it was considered when the proposer was absent, and when only four of the committee of eighteen were present. Only three out of these four voted for the paragraph as it stands, which certainly fails to give any idea of the strength of the medical and physiological evidence against the common uses of alcohol.

THE SANITARY STATE OF ST. PETERSBURG.

AT a recent meeting of the municipality of St. Petersburg, the question of cleansing the city was under consideration. From the proceedings of the meeting it would appear that the large sums devoted annually to such works of cleansing as were executed, were spent almost wholly upon the streets and open places—to the maintenance, in fact, of a neat and orderly appearance of the city, and not upon the essentials of the removal of domestic filth. So far as the latter form of cleansing was effected it had to be done at the cost of the householders. As a consequence, very much of the noxious matters inevitably formed in inhabited places found a way into the canals of the city, canals from which ice is collected for the preservation of provisions, and for using with drinks; the wharves, moreover, were, in effect, open privies from which the filth also got entrance into the canals. Now it happens that a considerable proportion of the population of the city has no other water-supply than what is derived from these canals, which are, in fact, sewers, containing, moreover, as it would appear, somewhat strong sewage. The augmentation of sickness and mortality in the city at the approach of spring has arrested the attention of the Emperor, and it is assigned to the anxiety which has been displayed by the municipality to clear the streets of snow. To effect this the whole strength of the scavenging staff has been needed, and even the comparatively slight amount of sanitary work it does has fallen into arrear. This excessive regard to the process of whitewashing the sepulchre having, however, come to Imperial notice, it is probable that the sanitary claims of the city in the work of scavenging will now be listened to attentively by the municipality.

CAVENDISH COLLEGE, CAMBRIDGE.

A PUBLIC meeting was held on Monday in the Egyptian Hall of the Mansion House, under the presidency of the Lord Mayor, in order to make more widely known the facilities provided by this college for those who may wish to obtain a university degree at a small cost and at an earlier period of life than usual. The resolutions moved by the Marquis of Hartington and Canon Farrar were to the effect that a degree at one of the ancient national universities is an object to be aimed at by a larger circle of students than at present, both as an honourable standard of general education and as a good preparation for most of the occupations and professions of life, and that Cavendish College deserves the support of the mercantile no less than of the professional classes.

Mr. Hubbard, the Master of Trinity College, and Mr. Morley, were among the speakers, and a letter was read from Professor Humphry, regretting his inability to attend, as he should have been glad of the opportunity to express his opinion of the advantages offered by the college to those who desire to obtain the degree in medicine, but are deterred from so doing by the time and expense incurred. Mr. J. Cox, a Fellow of Trinity, is the warden, and there are between thirty and forty students now resident in the college.

THE PROFESSION AND MILITIA DUTY IN JERSEY.

THE law of Jersey is peculiar and unreasonable in not exempting medical men from serving in the militia. Every male from the age of eighteen to sixty-five, in the island is liable to serve in the militia, except those specified in a list from which medical men are absent. Till lately custom has corrected the defect of law, and medical men have been generally spared. But within the last few weeks we understand that a raid has been made upon them, and no less than five of them have been called upon to serve. This seems to us monstrous. It is inconsistent with reason and humanity to take medical men away from their peculiar pursuits and engagements to serve in the militia. More than this, it is inconsistent with the law of England. The Medical Act of 1858, in its 35th Clause, provides that every person registered under the Act shall be exempt, if he so desire, from serving on all juries, from serving in the militia, &c. We cannot doubt that the legal authorities of Jersey will see the reasonableness of such a provision, and desist from calling out medical men to serve. We should advise our professional brethren to make strenuous efforts to secure the exemption to which they are entitled.

BARFF'S IRON.

ON the 26th ult., Professor Barff read a second communication to the Society of Arts on his method of treating iron to prevent corrosion. The merits originally claimed for this invention seem to have been thoroughly borne out up to the present time, and a large amount of testimony was forthcoming from practical men as to the great value of Professor Barff's process. Saucepans, stewpans, door-handles, and other similar articles, including ornamental objects made of wrought iron, were exhibited, all of which had stood for months or years the test of exposure to air and moisture, and still retained their very handsome, dull-black appearance. One remarkable fact about objects so treated is that deposits do not form upon them. Farinaceous articles when cooked in Barffed saucepans leave no deposit on the utensil, and a urinal which had been in use for many months was absolutely free from that coating of urinary salts which adheres tenaciously even to glass or porcelain. This is difficult to explain, but is an undoubted fact. This process is shortly to emerge finally from the region of theory and experiment, and is to be applied practically on an extensive scale. Mr. John Spencer, of West Bromwich, has, we believe, entered into arrangements with Professor Barff, and will soon be prepared to treat articles which may be entrusted to him. At the conclusion of the paper, which was much applauded, an interesting discussion took place, in which Professor Abel (the chairman), Dr. Russell, Dr. Graham, Admiral Selwyn, Colonel Prendergast, and others bore testimony to the great value of Professor Barff's invention.

CHEAP SANITATION IN SHEFFIELD.

THE Town Council of Sheffield, being determined to act in direct opposition to the recommendation of the Local Government Board and the opinion of all intelligent sanitarians, in the appointment of a medical officer of health, has already begun to show dissatisfaction at the result. Dr. Hime has undoubtedly placed himself in a false position by accepting the appointment of medical officer of health for Sheffield, in conjunction with private practice, and at a salary quite inadequate to the duties in-

separably connected with the post, in complete dispegard of the almost unanimous resolution of the medical profession practising in and around Sheffield, that the duties of medical officer of health for the borough could not be satisfactorily performed by anyone engaged in private practice. It is impossible, however, to avoid some feeling akin to sympathy with any sanitary official whose fate it is to serve under the Sheffield Town Council. It appears that Dr. Hime recently presented his first monthly return of vital statistics, which was the signal for a general attack on medical officers of health and medical statistics; one member of the Town Council declared that "they could not be worse off if they had no medical statistics or medical officer at all," while most of the members seemed to agree that such statistics were "of very little use." Not having Dr. Hime's return before us, we are unable to judge whether the severe criticism it received was justifiable. We can readily understand, however, that the combined calls of Dr. Hime's private practice and of his public health duties will render the preparation of trustworthy and elaborate statistical returns an irksome, if not an almost impossible, task. If Dr. Hime conscientiously performs all the varied duties appertaining to the post of medical officer of health for a sanitary district having a population little short of 300,000 persons he will be miserably underpaid; but, on the other hand, is he satisfied to accept the Town Council's interpretation of his duties and responsibilities? It is impossible, however, to feel much sympathy with Dr. Hime for the false position in which he has voluntarily placed himself. In the meantime it is well to note that, according to the Registrar-General's weekly return, Sheffield showed the highest death-rate among the twenty large English towns during the week ending March 22nd.

THE FORMATION OF EMULSIONS.

THE mode by which fat and oily substances in general are introduced into the system is by the formation of an emulsion—that is to say, by the division of the oil into minute spheroids, which are prevented from reuniting by the fluid in which they float. Rancid oil, which contains free fatty acids, when shaken with dilute solution of the alkaline carbonates, forms an emulsion even more readily than neutral oil. Claude Bernard showed that the action of pancreatic juice on fats was to induce the formation of fatty acids, and a recent investigator, Gad, has demonstrated that an emulsion is formed if fats or oils containing free acids are merely brought into contact with alkaline solutions without any agitation. The production of such an emulsion is well exhibited if liver oil is dropped into a quarter per cent. solution of soda. When the conditions requisite for emulsification are present the surface of the drop assumes a white, milky aspect, with lines streaming off in all directions, whilst the drop itself presents amœboid movements. This seems to be due to a play of forces between the fatty acids and the alkaline fluid, for, when the former are neutralised, no further emulsification occurs. Quincke, who has just published an essay on the subject, considers that the process is due to the expansion or widening out of thin soap-films from the surface of the oil. The formation of these films causes vortices in the interior of the oil and in the adjoining fluid, which lead to the breaking up of part of the oil and the formation of extremely minute drops. Very small quantities of soap—so small indeed as not to be recognisable under the microscope—are sufficient to cause the phenomena described. Fats which contain free fatty acids form solid soaps in a weak solution of soda, which dissolve in the fluid surrounding the oil-drops, and spread over their surface. This film, or a succession of them, renders the surface of the oil-drop immovable, and prevents the drops from coalescing, thus maintaining the condition of emulsion. No emulsion takes place in the case of castor oil, apparently because the soaps originating from the contact of the drops with the soda solution are too readily soluble. Bile facilitates the solution of the solid soaps, and may under some circumstances aid, but under others may retard, the formation of an emulsion and absorption of oily substances.

THE QUEEN'S HOSPITAL, BIRMINGHAM.

THE annual meeting of this hospital was held on the 31st of March, under the presidency of Lord Leigh. The annual report then presented shows that the number of in-patients during 1878 was 1613, and of out-patients 14,420, a slight falling off from the number treated during 1877. The average detention-rate was 23 days, and the cost of each in-patient per week 5*s*. 0¾*d*. The President, in moving the adoption of the report, called attention to the fact that £639 had been contributed by the working classes on Hospital Saturday, and that the sum of £6075 received from the collections on Hospital Sunday was the largest ever contributed since the Hospital Sunday was introduced. The Mayor (Mr. Alderman Collings), in seconding the report, spoke highly of the useful work of the charity and of the successful results obtained by the adoption of the free system, and expressed his opinion that the omission or cessation of the work which the Queen's Hospital carried on would be a calamity to the town. The Chairman of the Committee (Mr. Hopkins) read a financial statement, which showed that the hospital had benefited to the extent of £1596 by the free system during the three years it has been in operation.

ARMY MEDICAL SCHOOL, NETLEY.

THE summer session of the present year was opened at the above school by Dr. De Chaumont, Professor of Military Hygiene, who delivered a most interesting and appropriate introductory address to the candidates, numbering fourteen for the Indian and nine for the Naval Medical Service. The lecturer made reference to the subject of medical education in general, and to the special branches taught at the Army Medical School in particular, pointing out the fallacy of supposing, as some seem to do, that the ordinary qualifications for practice in civil life are alone necessary for the efficient discharge of military and naval medical duties. Allusion was made to the military medical schools of other countries, and to the present state of the medical departments of our own public services and the paucity of candidates; but a hope was expressed that larger numbers would soon present themselves under the more attractive conditions which it is understood are in course of preparation.

INFANT MORTALITY IN FRANCE.

WE are glad to see that the inaccuracy of French statistics of infant mortality, which led that indefatigable statistician, M. Bertillon, to draw fallacious comparisons between the rate of infant mortality in France and in England, afterwards adopted by Dr. Charles Drysdale in this country, is now engaging the attention of sanitary statists in France. It is well known that in France most infants that die within twenty-four hours of their birth are classed as still-born, which is not the case in England. We observe that at the last monthly meeting of the Société de Médecine Publique in Paris, Mons. H. Condereau proposed to discuss a project for modifications in the method of calculating statistics of mortality of newly-born infants. Judged by the mortality of infants aged one month and under twelve months, infant mortality in Paris very far exceeds that which prevails in London; but so long as any infants who die after having had a separate existence are treated as still-born in French mortality statistics, useful

comparison of English and French infant mortality is impossible.

THE MEDICAL DIRECTOR-GENERAL OF THE NAVY.

WE are informed that Sir Alexander Armstrong will continue to hold office until the end of the current year, by which time "my Lords" may perhaps have made up their minds as to his successor. But all this delay and vacillation about so important a matter is humiliating, and goes far to depopularise still more a service that is at the present time manned with great difficulty.

RECENT SMALL-POX FATALITY IN LONDON AND DUBLIN.

LONDON and Dublin are the only two of the twenty-three large towns of the United Kingdom which, during the first quarter of this year, suffered to any considerable extent from small-pox fatality. During the thirteen weeks ending last Saturday 221 deaths from small-pox were registered in London, showing an increase of 112 upon the number returned in the last three months of 1878. These 221 deaths were equal to an annual rate of 0·24 per 1000 persons living. In Dublin, during the same period, 251 fatal cases of small-pox were registered, which were equal to an annual rate of 3·20 per 1000 persons living in that city. Small-pox was, therefore, nearly fourteen times as fatal in Dublin as in London during the first quarter of this year. It is worthy of note that during the past thirteen weeks only one fatal case of small-pox (in Manchester) has been recorded in the nineteen large provincial English towns, having an estimated aggregate population of 3,663,131 persons in the middle of this year. This immunity from small-pox is probably unprecedented.

SANITATION AT REIGATE.

THE *Surrey Advertiser* of the 22nd ult. gave a long report of the proceedings of the Reigate Town Council, sitting as sanitary authority on the water-supply of the town. Dr. Thorne Thorne, one of the inspectors of the Medical Department of the Local Government Board, has recently reported tentatively on this subject, the chief point in which was that the water was not dangerous for drinking purposes. The use of the water was therefore resumed by order of the Mayor, but that supplied by the Caterham Company was found to be so turbid and foul (at all events in appearance) as to be quite unfit for drinking purposes. Some excuses were given by the company to the effect that they were at the time engaged in cleaning out the main, and that the water would be "all right" in a few days. It appears that there are some cases of enteric fever in the town, but, according to the report of our contemporary, the death-rate is by no means exceptionally high—indeed, somewhat the reverse. Still, it seems strange that, in a place so exceptionally well situated as Reigate, good water and an abundant supply should not be procurable, and that at a moderate cost.

INVALIDS FROM NATAL.

THE Transport Department of the Admiralty have made arrangements with the Union line of Royal African mail steamers to bring home parties of sick and wounded soldiers, invalided, from Natal by their vessels arriving weekly at Southampton, from which port they will be transferred by rail to the Royal Victoria Hospital, Netley. The surf at Durban and along the whole of the Natal coast is too heavy to admit of a hospital-ship like the *Victor Emanuel*, which answered so admirably at Cape Coast Castle during the Ashantee campaign, being made available for the present expedition.

HEALTH OF THE BULGARIAN TROOPS.

IT would appear that the sanitary condition of the lately enlisted Bulgarian troops is very unsatisfactory. They consist of young men who have manifested an ostentatious indifference to the exposure to which they have been subjected in their military duties, and have been unwilling to listen to the advice of the more experienced troops of the Russian army. As a consequence, throat affections, notably diphtheria, and even scarlet fever, have been seriously prevalent in the Bulgarian ranks. The Plovdiv legion, at Philippopolis, had 600 sick from throat affections in the months of November and December, and 20 deaths. Itch is almost universal among the Bulgarian troops.

IT is announced that the Senate of the University of London have appointed Mr. H. N. Moseley, B.A., Fellow of Trinity, Oxon, to the vacant office of Assistant-Registrar to the University. Mr. Moseley has a high scientific reputation, and was naturalist in the *Challenger* expedition. His election was said to have been a forgone conclusion, for indeed his name had been favourably mentioned in connexion with the higher office vacated by Dr. Carpenter. Still, however high his attainments, the decision of the Senate will be received by the graduates with a sense of keen disappointment, for they must feel that, even within their own University, they are regarded as of less account than members of the older bodies, which do not throw open *their* offices to be taken by outsiders.

AT the annual general meeting of the Hull and Sculcoats Dispensary, the following important resolutions, based upon the report of the committee, were, after some discussion, carried unanimously:—"That this meeting is of opinion that it is expedient, in the best interests of this institution, that the dispensary be converted into a provident institution, and that the advantages attending a provident dispensary be engrafted upon it." "That the committee be requested to consider and report to a special meeting, to be convened for that purpose, with a view to carry out the principle enunciated in the previous resolution." It transpired, in the course of the proceedings, that the provident principle will also, in all probability, be adopted at the infirmary.

MR. JUSTICE FRY has granted an injunction against the Twickenham Local Board of Health as to the construction of a man-hole in connexion with a sewer that the Board have recently constructed. It was in evidence that the man-hole emitted continually a disgusting stench, as the hole communicates with a large shaft, thirty feet deep, is imperfectly covered, and not, as it seems, trapped at all. This is one of the old sanitary stories with which we are becoming familiar—constructing sewers without any attempt at proper ventilation.

THE *Nineteenth Century* for April contains, among other interesting articles, one on "Sensation and the Unity of Structure of Sensiferous Organs," by Professor Huxley. The purpose of the paper is, apparently, in the expressive language of the author, to "make a desert of the Unknowable," which being accomplished, "the divine Astræa of philosophic peace will commence her blessed reign"! Reassuring himself and his readers "that a sensation is the equivalent in terms of consciousness for a mode of motion of the matter of the sensorium"; that "there is no likeness whatever between the object of sense, which is matter in motion, and the sensation, which is an immaterial phenomenon"; that "the sensiform apparatuses are, as it were, factories, all of which at the one end receive raw materials of a similar kind—namely, modes of motion—while, at the other, each turns out a special product, the feeling which

constitutes the kind of sensation characteristic of it"; that Descartes, Haller, Hartley, Bonnet, Reid, James Mill, were all right in their several modes of reasoning, and that the hypotheses of Democritus, Aristotle, and the Schoolmen are severally accurate, and may be perfectly reconciled—in short that "just metaphysical criticism" destroys "the idols set up by the spurious metaphysics of vulgar common sense"; and, as between "pure Materialism" and "pure Idealism" there is not anything left to quarrel about, Professor Huxley arrives at his pacific conclusion with a facile grace of reasoning which will go far to bring about the tranquillity he desires. The paper is of considerable value as a concise summary of the theories of sensation, with such references to the history of development as enforce the conclusion that the essential of each organ of sense is modified epidermic.

IN the *Cornhill Magazine* is a paper on "Bodily Illness as a Mental Stimulant," which is a *resumé* of anecdotes and opinions pleasantly strung together and leading up to the conclusion cited from one of Brown-Séquard's lectures at Boston:—"It would seem that the mind is largely dependent on physical conditions for the exercise of its faculties, and that its strength and most remarkable powers, as well as its apparent weakness, are often most clearly shown and recognised by some inequality of action in periods of disturbed and greatly impaired health." The article is, of course, for lay readers, if not by a layman.

THE case of Mr. Millerchip, surgeon, of Coventry, who is undergoing a severe sentence of imprisonment for alleged neglect of duty, has been the subject of a special resolution by the Council of the Poor-Law Medical Officers' Association. The resolution sets out the facts of the case, and insists on the need of redress for the grievance of the prisoner. We have already expressed our own opinion on the matter.

IT is understood that the report of the Committee appointed to inquire into the relations between Membranous Croup and Diphtheria, which has been printed and circulated among the fellows of the Royal Medical and Chirurgical Society, will come on for discussion at the meeting on Tuesday next. Should the debate not be concluded at one sitting, it will be continued at the meeting on the 22nd instant.

SURGEON-MAJOR J. A. HANBURY, Army Medical Department, has been appointed Principal Medical Officer, with the acting rank of Deputy Surgeon-General, of the Second Division of the Peshawur Field Force, under the command of General Maude, V.C. The head-quarters of the division are at Jumrood, in the Khyber Pass.

THE Board of Works of St. George-the-Martyr sent a very appropriate letter of condolence to the relatives of the late Dr. Bateson, who had for many years acted as medical officer of health to that district, and was always distinguished for "amiability, courtesy, and business habits" in the prosecution of his duty.

A DEATH from hydrophobia was recently recorded in Dublin; it was that of a girl aged six, who was admitted into the City of Dublin Hospital from Stillorgan, a village adjacent to that city. The deceased showed symptoms of the disease thirty-nine days after being bitten by a dog, and succumbed three days afterwards.

SURGEON-GENERAL KER INNES, C.B., arrived at Jellalabad on February 27th, accompanying the Commander-in-Chief on a tour of inspection of the Khyber and Khurrum Valley forces.

HEALTH OF THE ARMY.[1]

No. II.

THE returns from India are very satisfactory, the admissions into hospital having averaged only 1233, and the deaths 13·75 per 1000 of strength. The admissions were lowest and the deaths highest in the Madras Command. The troops in Bengal enjoyed unusually good health, the ratio of sickness having been only 1227, and of mortality 12·55 per 1000, both much lower than in 1876, and the latter little more than half the average of the last ten years. The decrease in the cases occurred chiefly in paroxysmal fevers, and in dengue fever, of which only 34 cases were recorded. Cholera did not prevail epidemically at any station during the year. The total number of cases throughout the command amounted to 19, of which 16 died. An interesting table is given of the cases of enteric fever at each station in each quarter of the year. Meerut and Subathoo furnished the largest numbers, and Agra and Meean Meer the next. There were 142 cases, and 53 deaths; of these 50 cases and 18 deaths occurred in the third quarter of the year, 47 cases and 18 deaths in the second, 30 and 9 in the third, and 15 and 8 in the first.

In the Madras Command the admissions amounted only to 1143 per 1000, but the deaths were 18·52,—both higher than in 1876, but below the average of the last ten years. Rangoon and Thayetmyo, in Burmah, furnished the highest rates of mortality (except the convalescent depôts), the chief causes being dysentery, cholera, and hepatitis. Sixty-five cases and 22 deaths of enteric fever are reported, and of these 33 and 9 respectively were at Secunderabad. A table is given showing that 21 cases and 5 deaths occurred among soldiers under one year in India, and 22 cases with 8 deaths among those from one to two years there. Twenty-three of the cases occurred in the second quarter, 17 in the third, 14 in the fourth, and 11 in the first.

In Bombay the admissions were 1350 and the deaths 12·92 per 1000, the former slightly and the latter considerably below the average. Bombay itself furnished the highest proportion of sickness, and Ahmedabad and Baroda of deaths, omitting the very small station of Assirgarh. There were 15 cases of cholera and 10 deaths, chiefly at Poona and Kirkee. Of enteric fever 22 admissions and 15 deaths are reported, and of these 6 and 4 were at Kurrachee.

The Madras returns show the highest proportion of admissions to have been in the Artillery and the lowest in the Infantry, and the highest proportion of deaths in the Cavalry and the lowest in the Infantry. In Bombay the same relative frequency of admissions is shown, but the highest rate of deaths was in the Infantry and the lowest in the Artillery. From Bengal this information is unfortunately not given.

Nothing occurred among the troops on shipboard to call for any special remark.

In this volume, the sanitary reports of the various stations follow, instead of being incorporated with, the statistical. We have availed ourselves of them in our previous remarks where they seemed to throw light on the prevalence of disease. We shall now very briefly notice a few of the other points touched upon in them.

In the United Kingdom the defects and requirements at the different stations appear to have been carefully submitted for the consideration of the authorities. Among these may be mentioned the want of a female hospital and of a building for the isolation of infectious cases at some even of the larger stations, but these deficiencies seem to be in the course of being gradually supplied. In Ireland especially marked improvements have been effected. Much has been done in Dublin to put the drains of the barracks into a satisfactory condition, and throughout the country a general inquiry into the state of the water-supply at the barracks has been followed by great and much-needed improvement.

[1] Army Medical Department Report for the year 1877, vol. xix. Parliamentary Blue-book, pp. 254.

The administrative officers at the various foreign stations appear also to have fulfilled their duty in bringing under notice sanitary defects, and suggesting such measures as seemed likely to improve the health of the troops. The principal medical officer in the West Indies urges very strongly "the necessity of speedily removing troops from any barrack, hut, or camp where yellow fever has localised itself." We trust that should this disease again appear in Jamaica, the lesson of 1877 will not be lost, but the troops be removed at once to camps of isolation. At Sierra Leone it is proposed to erect a sanitarium on a site 1000 feet above the sea level, and amply supplied with good water. It will be interesting to observe the influence of this upon the health of the troops. Kowloon furnished an example of the danger arising to health from disturbing the soil in tropical climates. The regiment at Hong Kong sends over the men by companies to Kowloon, during the cool season, for rifle practice. Soon after the course commenced, malarious fever of a severe type broke out among them. It was found on careful inspection that "the diseases were caused by the disturbance of the soil by civilians who owned and cultivated plots of land around the military reservation." The rifle practice was at once suspended, the troops were withdrawn to Hong Kong, and the fever subsided. The sanitary reports from India show a careful supervision on the part of the administrative officers, and a steady amelioration of the health conditions of the troops, but there are no points which seem to require special notice on the present occasion. The details for each station have been already so condensed that we can only refer our readers to the Report for any information they may desire. The report from Bengal is for 1876, having been received too late for insertion in the volume for that year; the report for 1877 had not come to hand at the time of going to press.

The Appendix contains the usual "Report on the Progress of Hygiene for the Year," by Professor De Chaumont, of the Army Medical School, Netley. He gives a summary under the respective heads of—1. Legislation. 2. Work of Societies, &c. 3. Literature. 4. Special Points of Hygiene. The information on all these subjects is so condensed that it would be quite impossible to summarise it in this journal. We would merely call attention to two important services rendered by the laboratory at Netley: first, a table of analyses of water from numerous stations of troops is given, with the results. These were 65 in number—29 from England, 29 from Ireland, 4 from Scotland, 2 from Gibraltar, and the pump at the Admiralty, London. The results were, that 25 samples were reported fit for use, 12 required filtration, 12 condemned for organic impurity, 2 mixed with sea-water, 2 had excessive hardness, and 1 tasted of tar—not the Admiralty pump. In connexion with this, Dr. De Chaumont gives the results of a large number of experiments at Netley on the subject of the filtration of water. The second service to which we would refer is the analyses of nineteen samples of tea furnished for use in the hospital at Netley. Of these eighteen were found equal to the standard contract sample, and one was condemned as not up to the mark. We are glad to find the laboratory thus utilised in the interests of the patients, and trust that other supplies as well as tea are submitted to this very necessary ordeal.

Dr. De Chaumont also gives an interesting analysis, made at Netley, of a sample of bread sent from Germany, and of samples of "erbswurst," solidified pea-soup, and "German army food," which have been recommended for the use of troops on active service.

Surgeon-Major Porter, the Assistant-Professor of Military Surgery, has given a tabular list of the operations performed at Netley Hospital during the year. These amounted to sixty-eight. The only very important operations appear to have been ligature of left external iliac for aneurism of left femoral artery, which was successfully performed by Surgeon-Major Fleming, two excisions of elbow-joint and one of wrist, and one removal of portion of lower jaw for epithelial cancer. These, with the exception of the first, were performed, we presume, by Surgeon-Major Porter. The details of two cases of excision are given, and the results illustrated by lithographs. The removal of a portion of the lower jaw was successful as an operation, but at the end of the year there were evidences of a recurrence of disease in the lip. Dr. Porter has also given a report on the administration of chloroform and ether as anæsthetics, in continuation of one given in the preceding volume. The inhaler used was Mr. Lambert Ormsby's, by Coxeter and Son, and the results were more satisfactory than those obtained in 1876, when another instrument was used. Dr. Porter evidently prefers ether to chloroform, having used it in twenty-nine out of thirty-six cases. Those interested in the question will find details given in the report.

The Appendix also contains reports on the Jowaki Expedition, by Surgeon-Major Moore, and on the progress of military prison hygiene in Ireland, by Surgeon-Major Gore. Several other short papers, which we have not space to notice at present, and the usual meteorological abstracts from foreign stations are given, but we miss the general orders and circulars affecting the Medical Department, which formed a useful section in the earlier volumes.

We have endeavoured to give a brief summary of the leading points in this volume, but have been obliged by want of space to omit some interesting subjects, such as recruiting the influence of age on mortality, &c. We regret that we have felt obliged to speak in very modified terms of praise of certain parts of it, and that the process of attenuation, begun in the report of 1874 (published in 1876) by the omission of the abstracts of diseases, has been carried still further by the excision of the tables illustrating the influence of disease on the different arms of the service, and the relative health of the various corps. We have missed in the reports of several stations those details which are necessary to elucidate the outbreaks of disease from which the troops have suffered, and which should lead to a just appreciation of the measures necessary to avert such occurrences in future, and of the success of those adopted on the present occasion. We note with pleasure the attention which the sanitary requirements at the various stations appear to receive from the administrative officers, and the steady, though somewhat slow, progress made in remedying defects, and supplying sanitary wants. The work done in the laboratory at Netley is very satisfactory, and the account given of it by the Professor of Military Hygiene, and of the surgical work of the hospital by Surgeon-Major Porter, are deserving of much praise. But this circumstance leads us to note with regret the absence of any similar contributions from the Professors of Medicine and Pathology. With the number of cases passing annually through the hands of the former and of post-mortem examinations performed by or under the superintendence of the latter, there must surely be matter for an interesting report on their respective subjects, especially if supplemented by some of the valuable information locked up in the records of that great hospital. The shortcomings of the head of the Statistical Branch may to some extent be laid—though far from entirely—to the door of the Stationery Office or of the Treasury, but the absence of these reports from Netley must cast a shadow upon the professors who, with such opportunities, do nothing for the reputation of the important school with which they are connected. We trust that the next volume will not be open to such remarks, and that the Director-General also will take steps to have those unfortunate defects in the statistical reports fully considered and remedied.

THE PLAGUE.

A CORRESPONDENT of the *Contemporary Review*, writing from St. Petersburg on the 12th ult., declares that the reports of the extent and malignity of the plague have been greatly exaggerated both in Russia and abroad. His explanation is not, however, very reassuring. If, he says, we remember the hygienic condition in which most of our rural populations are still living, and also the lack of medical statistics respecting them, it is easy to account for the great mortality in that class without recurring to the hypothesis of plague. A quite curable epidemic may, in those districts, take a mortal character; and, indeed, who knows the exact numbers of poor peasants dying in all the villages spread through that vast country? In the south and the east of Russia it is nothing unusual to find cottages without chimneys, where the smoke has no other outlet than the door. The narrow, small windows of these dwellings are never opened during the whole winter, while, like the old Irish huts, the cot's only room gives shelter, not only to the family of its owner—grown people and children,—but also to the hens and domestic cattle. One can easily imagine how vitiated the air must become in such circumstances,

especially when we remember that the family linen is dried at the same kitchen fire, and that work of all sorts is done there. At the village of Vetlianka, where the plague broke out, another unfavourable condition besides all these was added. A large fishery is carried on at the place, and the heaps of fish, often half rotten, which accumulated there in the course of being salted, helped still further to poison the atmosphere. Malignant fevers are never absent from these localities, and newcomers often yield to them after having breathed the air for only a few hours. Medical aid is nearly unknown, and nothing induces the peasants to change their modes of life. Such is a description of the rural districts of "Christian" Russia!

HEALTH OF LARGE ENGLISH TOWNS IN THE THIRTEENTH WEEK OF 1879.

DURING last week 4943 births and 3992 deaths were registered in twenty of the largest English towns. The births were 239 below, while the deaths exceeded by no less than 622, the average weekly numbers during 1878. The deaths showed a further decline of but 8 from the exceptionally high numbers returned in the two preceding weeks; and the annual rate per 1000, which had been equal to 29·1, 28·6, and 28·3 in the three previous weeks, was 28·2 last week. During the thirteen weeks ending last Saturday the death-rate in these towns averaged 27·5 per 1000; in the corresponding periods of the four years 1875–8 it was equal to 28·9, 26·2, 24·2, and 25·2 respectively. The lowest rates last week in the twenty towns were 17·8 in Brighton, 22·9 in Bristol, 23·0 in Portsmouth, 23·5 in Bradford, and 23·9 in Norwich. The rates in the other towns ranged upwards to 29·9 in London, 29·9 in Manchester, 30·0 in Oldham, 30·9 in Newcastle-upon-Tyne, 31·3 in Wolverhampton, and 31·4 in Sunderland. The 408 deaths referred to the seven principal zymotic diseases showed a decline of 18 from those returned in the previous week, owing to a decrease in the fatality of whooping-cough; they included 149 from whooping-cough, 107 from scarlet fever, 46 from fever (principally enteric), and 46 from measles. The annual death-rate from these seven diseases averaged 2·9 per 1000 in the twenty towns, and while it did not exceed 0·4 and 0·5 in Portsmouth and Brighton, it ranged upwards in the other towns to 5·0 and 6·4 in Sunderland and Newcastle-upon-Tyne. Whooping-cough showed the greatest fatality in Manchester, Newcastle-upon-Tyne, and Sheffield; scarlet fever in Sunderland, Oldham, and Nottingham; and measles in Newcastle-upon-Tyne. The deaths referred to enteric fever were proportionally most numerous in Bristol and Nottingham. Small-pox caused 9 more deaths in London, but not one in any of the nineteen large provincial towns. The Metropolitan Asylum Hospitals contained 291 small-pox patients on Saturday last, a smaller number than at any time since the middle of January last; 47 new cases of small-pox were, however, admitted to these hospitals during the week.

AN ARMY HOSPITAL CORPS FOR INDIA.

WE understand that the Indian Government has decided to organise an Army Hospital Corps, composed of natives, for each of the presidencies. It is much to be regretted that this has been so long postponed, for undoubtedly had such a corps been in working order at the beginning of the Afghan war, it would have contributed materially to the efficiency of the hospital service, the comfort of the sick and wounded soldiers, and the reduction of the unavoidable expenses of the campaign. In 1876 a committee, consisting of four military and two medical officers, was assembled by order of Government to report upon the details of a scheme for organising an army hospital corps in the Bengal Presidency. They drew up a very able and exhaustive report on the subject, which has been adopted, we believe, as the basis on which the corps is to be formed. Their scheme, if fully carried out, will have some very marked advantages. The men will be enlisted for a stated period, and will not therefore have the power to leave when they please, possibly at a time when their services are urgently required; they will be more under control and discipline; they will be better trained for their duties, and, as a consequence of improved organisation, a considerable reduction in the numbers employed will be effected — a point of very great importance. We may briefly notice the chief recommendations of the Committee. They suggest that the corps should consist of men enlisted and attested under the Indian Articles of War as hospital attendants of H.M. Indian Army. That the men should have the right to claim their discharge after three years' service, on giving two months' notice in time of peace; this privilege to be suspended in time of war or of exceptional sickness, or when war is imminent. The corps to consist of four classes—(1) ward-servants; (2) cooks; (3) water-carriers, or bhisties; (4) sweepers, or mehturs. Each class to consist of three grades, at stated rates of pay. The advancement from one grade to another to be made on the report and recommendation of the medical officer in charge of the hospital in which the man is serving, and to be dependent upon proficiency in ordinary work, good conduct, and length of service. The Committee were of opinion that under the new organisation, with an establishment adequate to the requirements of the service, a saving would be effected equal to 25 per cent. of the cost under the present system, and with increased efficiency. In addition to the pay of these grades, good conduct pay is recommended, increasing after each three years of service, but contingent on the man being clear of an entry in the defaulters' book of the corps for two years. It is proposed that men who are pronounced by an invaliding committee to be unfit for further service, having served more than six and less than twenty years in the corps, shall receive a gratuity equal to one month's pay and good-conduct pay, if in receipt of the latter, for every two years of service. After twenty years' service they are recommended for a pension not exceeding one-third of the average monthly pay drawn by them during the previous three years, and after thirty years to a pension not exceeding one-half of such average. The discipline of the corps is, as in the Army Hospital Corps at home, to be in the hands of the medical officers, except in such cases as appear to require a trial by court-martial or summary dismissal from the service, which are to be referred to the military authorities. The Committee recommend that the minor punishments in the corps shall be deprivation of furlough or of the indulgence of temporary leave of absence, fines not exceeding certain amounts, imprisonment to the extent of four days—these to be awardable by the medical officer in charge of the hospital,—deprivation of good-conduct pay, disrating or degradation to a lower grade—to be awarded by the administrative officer of the circle on the recommendation of the medical officer in charge of the hospital—and forfeiture of service towards good-conduct pay as a consequence of entry in the corps defaulters' book, as in the case of the combatant classes. The Committee made further recommendations with reference to general administration and interior economy, clothing and appointments, and extra allowances during service, into the details of which it is unnecessary to enter. If these recommendations are fairly carried out, we cannot doubt that they will add greatly to the efficiency and comfort of the military hospitals; a better class of men will be obtained for the duties; they will be thoroughly trained to their work, and therefore much more efficient; the good-conduct pay will be a strong inducement to a zealous discharge of their duty, and the prospect of a pension will retain them in service. Now that the Government has decided upon the adoption of the scheme, we trust no time will be lost in carrying out a measure which has so much to recommend it, and to which, so far as we are aware, there exists no practical objection.

ROYAL IRISH ACADEMY.—At a meeting held on the 15th ult., Sir Robert Kane was elected President for 1879-80. The following grants for scientific purposes have been sanctioned by the Academy:—£40 to Drs. Davy and Cameron, to prosecute further researches into the compounds of selenium; £21 8s. to Dr. Davy, for researches on the nitro-prussides; £50 to Dr. Wright, for investigations into the structure of the vegetable cell and its nucleus; £20 to Drs. Reynolds and Haughton, for microscopic slide sections of Sandwich Island lavas, already analysed by Dr. Haughton.

Correspondence.

"Audi alteram partem."

WORMS IN THE HEART OF DOGS.

To the Editor of THE LANCET.

SIR,—I have purposely waited for some other naturalist than myself to reply to Dr. Hoysted's observations as made known in your columns by Sir Joseph Fayrer on March 1st. I do not now propose to answer all the "queries" appended to Dr. Hoysted's record, but it may serve some good end if I correct his nomenclature, and refer all who are interested in the subject to the best sources of information.

Dr. Hoysted's so-called Filaria sanguinis is none other than the well-known F. immitis, examples of which I studied more than a quarter of a century ago, and frequently since. Moreover, several able microscopists having investigated the structure of the worm, it is not a serious misfortune, though certainly to be regretted, that Dr. Hoysted's specimens "were neglected and lost."

I shall not occupy your space with references to my own writings, but merely offer the following selection, which by no means exhausts the literature of the subject:—Araujo, "A Filaria immitis e F. sanguinolenta," in *Gazeta Medica da Bahia* for July, 1878; Joly, "On Filariæ from the heart of a seal," *Comptes Rendus*, 1856; Leidy, in the Proceedings of the Academy of Philadelphia, 1856, p. 55; Schuppert, in the *New Orleans Medical News* for January, 1858; Baird, in Linnean Society's Proceedings, 1857; Manson, in the *Customs Gazette*, 1877 (the same journal containing notices by Drs. Jardine and Jamieson); Lewis, in his well-known Calcutta Memoirs, and in the *Quarterly Journal of Microscopical Science* for 1875; Baillet, in *Journal Vet. du Midi*, 1862; Ercolani, in *Mem. Accad. di Bologna*, 1874; Osborne, in the *Boston Medical and Surgical Journal*, 1847; Wright, in the *Veterinarian*, 1845; Welch, in THE LANCET for March, 1873, and in *Monthly Microscopical Journal* for the following October.

The subject is also more or less fully discussed by Krabbe ("Husdyrenes Involdsorme"), by Schneider ("Monographie der Nematoden"), by Davaine ("Traité," 2nd edit., p. 955), and by Leuckart in his well-known work.

I may mention that a verminiferous heart sent to me by H.B.M. Consul at Amoy, China, the late Mr. Swinhoe, F.R.S., is deposited in the Oxford Museum (Professor Rolleston's department); and two other hearts, one sent from Yokohama, Japan, and the other from a seal, for which I am indebted to Professor Coughtry, have been deposited in the museum of the Royal Veterinary College. In all of these cases the right ventricle is stuffed with worms.

I am, Sir, yours truly,
T. SPENCER COBBOLD.

P.S.—In regard to the "live worm" that sprang out of a lady's vein (as mentioned in your columns, p. 432), I fear we must be sceptical as to the fact, since I have seen blood-clots that have been mistaken for living worms. One of these I contributed to the Hunterian Museum (Catalogue, No. 194) in 1865.—T. S. C.

Portsdown-road, March 22nd, 1879.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—The Secretary of State for War, in his speech on the Army Estimates, on March 3rd, is reported to have stated—"I have thought it expedient to see whether, without undue cost to the public, any system could be adopted by which certain station hospitals could be taken up by officers attached to regiments, and whether it would be possible to have the officer at the station hospitals attached to the regiments for two or three years. It is supposed that, under such a system, without any interference with the general hospital system, you would be carrying out some of those conveniences of life that would gratify the medical profession."

It is most difficult to understand how the right honourable gentleman can have convinced himself that so half-hearted a measure can in any way influence the supply of young medical graduates for the medical service of the army.

Supposing it still to be a fact that the officers of the department are divided into two classes—viz., regimentalists and unificationists—it is clear that the temporary attachment to corps, apparently under Ministerial consideration, will satisfy neither party. The medical officer of a station hospital, attached for two or three years to a regiment, will be just as far off as he is at present from the old position of a regimental surgeon. He will not, of course, wear the uniform of the corps to which he is attached, he cannot be an integral part of the regiment, and cannot, therefore, be included either in the giving or receiving of regimental social courtesies and hospitalities. The "conveniences of life" resulting to him from his attached position would be rather *in*conveniences, and certainly far from gratifying. It is most improbable that regimental advocates will feel Colonel Stanley's bid for their gratitude at all a sufficient one to cause them to urge their younger brethren to enter the department.

Turn now to the unificationist's point of view. A regimental attachment, such as the one described, would be placing the medical officer in the difficult position of serving two masters, and could not fail to be embarrassing to all concerned. It would be a retrograde movement in the development of the department towards that degree of efficiency which it is capable of reaching, and towards that honourable position as a self-contained corps to which, I submit, it has the just right to aspire. It would unavoidably complicate matters as regards the roster for foreign service and leave of absence, and would give grumblers more bones to snarl over. It is almost impossible to conceive a single particular in which it would add to the unificationist's "conveniences of life," while many inconveniences that would result from it might readily be enumerated.

Regimentalists yearn for the impossible—viz., a return to the regimental system pure and simple, and nothing short of that will satisfy them. That their sighing is for the impossible they are being rapidly becoming convinced; already it is well within the mark to say the best officers in the department are ranged on the side of unification, and seek to assist its development as far as the power to do so may be theirs.

Under the able administration of Sir William Muir, the medical service of the army must draw nearer its just status, if only he is not overwhelmed by jealous obstruction, and is not trammeled by the great difficulty of making a house stand that is divided against itself.

The minister, in whose hands the fate of medical officers has rested for several months past, is surely able to discover in the voluminous records that have been laid before him more valid reasons for the unpopularity of the service than such as are summed up in the inconveniences of life, and are to be met by a temporary attachment to corps. If not, universities, colleges, and schools have been appealed to for but little purpose, and a painstaking, hardworking committee has sat in vain.

Yours obediently,
March, 1879. VERAX.

THE TEACHING OF MIDWIFERY IN LONDON.

To the Editor of THE LANCET.

SIR,—Dr. Matthews Duncan's letter in your last issue is, I think, a little misleading. Of course, we have clinical winter lectures on gynecology, practical midwifery, &c., at King's College as well as at St. Bartholomew's, and such is the case at all the London schools. My letter, however, referred to systematic teaching only. To accomplish the feat of giving a course of above seventy lectures in three months, it is necessary to deliver six lectures per week. I believe it is the fact that when Dr. Duncan first came to London he increased the number of lectures from four per week (the number formerly given at St. Bartholomew's, as at other London schools) to six, *ex proprio motu*, and with a commendable zeal which calls to mind a well-known old proverb. The fact that he did so strengthens my argument that it is impossible to teach the subject in the usual course. To my mind six lectures weekly involve a strain which is likely to

be prejudicial both to the teacher and the student. Be this as it may, the Committee of Reference in its new scheme only requires attendance on forty lectures, and it is obvious that it has no right to expect that the deficiency of its proposed curriculum shall be supplemented by such spontaneous energy on the part of the teacher.

I am, Sir, yours, &c.,

W. S. PLAYFAIR.

George-street, Hanover-square, W., March 29th, 1879.

PARIS.

(From a Correspondent.)

THE election to the Professorship of Legal Medicine, vacant by the death of M. Tardieu, has resulted, as was anticipated, in favour of M. Brouardel, who inaugurated the practical teaching of this subject instituted at the Morgue last year. The chair of History of Medicine was hotly contested by MM. Ollivier and Laboulbene, and the first two ballotings showed fifteen votes for each candidate. As, under these circumstances, the Dean of the Faculty has the privilege of deciding the question by his casting vote, it was considered more than likely that M. Ollivier, for whom he had voted in the first instance, would be nominated. Unwilling, however, to assume this responsibility, M. Vulpian withheld his decision, and declared that in the case, as was expected, of another *tour de scrutin* giving the same result, he would leave the matter in the hands of the Minister of Public Instruction. The third vote was about to be taken when it was discovered that one of M. Ollivier's supporters had disappeared. His friends then wished to adjourn the meeting, but this was opposed by the Laboulbene party, and the opinion of the Faculty being taken upon the question, it was decided by fifteen to fourteen to proceed with the election, which of course then terminated with a majority of one for Laboulbene.

The Prix Lacaze, of which some details have already been given, has been awarded to M. Colin for his work on Typhoid Fever. It may be well to remind your readers that the next competition will take place in 1880, and that foreigners are allowed to enter the lists, providing they write in French, or forward a French translation with their essays. As the subject of the prize is alternately typhoid and phthisis, it will be the latter on the next occasion. Candidates must send in their memoirs to the secretary of the Faculty before the 1st July.

An interesting discussion has taken place at the Société de Thérapeutique, on the value of Nutrient Enemata. Basing his opinion on MM. Carville and Bochefontaine's experiments on dogs, which show that when food is introduced by the rectum only in the form of bouillon, the animals survive no longer than when water alone is injected, M. Dujardin-Beaumetz maintains that feeding by the bowel is a delusion. If, as is no doubt the case, patients who receive nourishment by no other portal do live for a considerable time, this is no proof that the intestine absorbs what is introduced. Hysterical subjects, and those suffering from cancer of the cardia, vomit all they swallow, and yet continue to exist notwithstanding. These views have met with much opposition; it was objected that what might be true of the dog did not necessarily follow in man; and most of the speakers who took part in the debate quoted cases tending to prove the efficiency of this way of feeding. Eventually, on the proposition of M. Ferrand, a commission was appointed to study and report on the question.

M. Constantin Paul has brought forward a new method of treating thoracic aneurism. According to him the improvement in the symptoms which follows galvano-puncture is equally satisfactory when acupuncture only is practised, and he affirms that this operation is completely innocuous. M. Dujardin-Beaumetz also believes that in Ciniselli's operation the clot formed at the pole within the sac is very trifling, the useful coagulum originating at the inflammatory spot on the wall of the vessel caused by the introduction of the needle. As, however, rupture of an aneurism more generally takes places internally, it is advisable to thicken, if possible, the inner wall, and this he proposes to effect at the next opportunity by complete transfixion of the tumour by the needle.

THE LANCET of March 22nd contains a paragraph on fatty embolism which has caused some remark here. Two cases are mentioned as coming from a Vienna correspondent, but coupled with the name of M. Vulpian. From the account given, it is evident that these are the two cases which were originally reported in the *Progrès Médical* of Nov. 23rd, and reproduced shortly after by the *London Medical Record*. One was under the care of M. Cusco, at the Hôtel Dieu, and the other belonged to M. Brouardel, of St. Antoine. This rare cause of death has not been much noticed in England, the Germans having hitherto almost monopolised the subject. It has, however, given rise to several publications in France, and attention is now fairly roused to its importance. In this connexion I may mention that an Englishman, Mr. Alfred Lingard, has been studying the question experimentally at the Collége de France for the last twelve months, and intends very shortly to publish his results. He finds that fat-embolism invariably follows fracture, and as a rule it is rapidly removed from the circulation. In this he closely agrees with Busch and others who have preceded him. The chief point of interest, however, is that he makes imperfect removal of fat from the lung a starting-point of tubercle; and if, as maintained by some, fatty embolism is of common occurrence in other pathological conditions than fracture, this possibility becomes of real clinical importance.

Paris, April 1st, 1879.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 27th:—

Coles, Donald Alexander, Plymouth.
Emson, Alfred, Dorchester.

The following gentlemen on the same day passed the Primary Professional Examination:—

William Sullivan Battiss, London Hospital; Donald Alex. Fraser, St. Mary's Hospital.

THE Sanitary Authority of Kingston have increased the salary of Mr. E. M. Shirtliff, the medical officer of health, from £50 to £75 per annum.

A MEETING has been held in the Mayor's Room, Town Hall, Brighton, at which a Mutual Provident Medical Aid Institution was established, as a supplement to the Brighton, Hove, and Preston Provident Dispensary.

DR. BROWN, of St. Margaret's Bank, having recently resigned as one of the surgeons to St. Bartholomew's Hospital, Chatham, from ill health, has been presented with a purse containing £130, and an appropriate address, in consideration of his valuable and gratuitous services for many years.

DUBLIN CONVALESCENT HOME.—It is expected that the purchase of suitable premises for the proposed convalescent hospital, and certain additional expenses, will cost close on £4000; and it is believed that it cannot be properly maintained under an annual expenditure of £2000.

BEQUESTS TO MEDICAL CHARITIES.—The Walsall Cottage Hospital has become entitled to £500 under the will of Mr. J. Highway. The Jessop Hospital for Women at Sheffield has received £100 under the will of Miss Lydia Shepherd. Miss White has given £300 to the City of London Hospital for Diseases of the Chest.

STEWART INSTITUTION FOR IMBECILE CHILDREN, PALMERSTOWN, CO. DUBLIN.—During the past year the donations and subscriptions contrast favourably with those of the preceding year; while in addition a sum of £440 was obtained from a bazaar held in May, 1878. The new buildings having been finished, the inmates of the institution at Lucan were removed last January to their present locality at Palmerstown. One portion of the building is utilised for the accommodation of imbecile and idiotic children, and the remainder for the reception of lunatics from among the middle classes. This latter has produced a clear profit during the past twelve months of close on £1000. The institution is a most deserving one, its avowed object being to educate as far as possible a most pitiable class of the community, some of whom must otherwise remain wholly dependent on the assistance of others.

Medical Appointments.

ATKINSON, Dr. W. T., has been appointed Medical Officer, Public Vaccinator, &c., for the Killashee Dispensary District of the Longford Union, at £100 per annum and fees, and £20 per annum as Medical Officer of Health, vice McDonnell, resigned.

BAKER, C. E., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Halden District of the Tenterden Union, vice Heap, resigned.

BARKER, W. R. H., F.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the No. 1 Sub-district of the Wantage Rural Sanitary District, at £25 for one year.

BLAKISTON, A. A., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Biddenden District of the Tenterden Union, vice Heap, resigned.

BROUGHTON, H. T., M.R.C.S.E., L.S.A.L., has been appointed a Medical Officer to the Dewsbury and District General Infirmary.

CASE, G. H., M.R.C.S.E., M. & L.S.A.L., has been appointed Medical Officer of Health for the Fareham Rural Sanitary District, at £120 for one year, vice Barnard, Hoare, and Langford, whose appointments have expired.

CRIPPS, E. C., L.R.C.P.L., M.R.C.S.E., has been appointed Assistant Medical Officer to the Central London Sick Asylum District Asylum at Highgate.

CUMMING, J., M.D. (one of the Extra Physicians), has been appointed an Ordinary Physician to the Royal Edinburgh Hospital for Sick Children, vice Ritchie, whose appointment has expired.

CUNYNGHAME, R. J. B., M.D., has been appointed an Extra Physician to the Royal Edinburgh Hospital for Sick Children, vice Cumming.

CURLING, W., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Ramsgate District of the Isle of Thanet Union, vice Hicks, resigned.

DALE, H. R., L.R.C.P.Ed., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the Sunderland District of the Sunderland Union, vice Evans, deceased.

DANIEL, J., M.R.C.S.E., L.K.Q.C.P.I., & L.M., has been appointed Medical Officer for the Burton District of the Kendal Union, vice Lea, resigned.

DE LA MOTTE, P. W., M.R.C.P., M.R.C.S., & L.S.A.L., has been appointed Medical Officer to the West London District School at Ashford, near Staines, at £150 per annum, vice Kingsford, resigned. Private practice allowed.

FITZGERALD, E. M., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the No. 2 District of the Bath Union, vice Maunsell, resigned.

GARRETT, H. S., M.B., has been appointed Pathologist and Curator of the Museum to the Hospital for Women, Soho-square.

GILBERT, H., M.R.C.S.E., has been appointed Medical Officer for the newly-formed Bardney District of the Lincoln Union.

GOODWORTH, R. P., L.R.C.P.Ed., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Winterton District of the Glanford Brigg Union, vice Bennett, deceased.

HARRISON, J., M.R.C.S.E., L.S.A.L., has been appointed Medical Referee for the Braintree Branch of the Essex Provident Society, vice Jessop, deceased.

HENDRY, A., M.B., C.M., has been appointed Assistant Medical Officer to the Gateshead Dispensary, vice Robertson, appointed Resident Medical Officer.

HOLLINSHEAD, F., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the King's Norton Rural Sanitary District, at £120 for one year.

JONES, I., M.D., has been reappointed Medical Officer of Health for the Blackpool Urban Sanitary District, at £150 for one year.

LEACH, J. C., M.R.C.S.E., B.Sc., S.Sc.C., F.C.S., has been appointed Public Analyst for the Borough of Weymouth and Melcombe Regis, at £10 per annum and 10s. 6d. per analysis.

MOREWOOD, Dr. S. R., has been appointed Medical Officer, Public Vaccinator, &c., for the Draperstown Dispensary District of the Magherafelt Union, co. Londonderry, at £115 per annum and fees, and £15 per annum as Medical Officer of Health, vice Dr. J. Morewood, deceased.

NEWMAN, A. C., M.R.C.S.E., L.S.A.L., has been appointed Certifying Factory Surgeon for the District of Wincheombe, vice T. Newman, M.R.C.S.E., resigned.

NORMAN, J. W., M.B., L.R.C.P.Ed., F.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Ross, vice Fernandez, resigned.

OGLE, C. J., M.R.C.S.E., has been appointed Resident Medical Officer to the Westminster General Dispensary, Gerrard-street, vice Tudge, resigned.

PERRY, R., M.D., F.F.P.S.G., has been reappointed Examiner in Chemistry and Materia Medica at the University of Glasgow for four years.

PRINGLE, J., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Parish of Irvine, Ayrshire, vice Anderson, deceased.

QUIRK, M., M.D., C.M., has been appointed Medical Officer of Health for the Blaenavon Urban Sanitary District, at £40 for one year, vice Ball, resigned.

ROSS, W., L.R.C.P.Ed., L.R.C.S.I., has been appointed Medical Officer, Public Vaccinator, &c., for the Riverstown Dispensary District of the Sligo Union, at £100 per annum and fees, and £20 per annum as Medical Officer of Health and Medical Attendant to the Royal Irish Constabulary, vice Shaw, deceased.

SERVICE, J., M.D., has been appointed Medical Officer to the Tharsis Sulphur and Copper Mines, Tharsis, Huelva, Spain, vice Whitehead, resigned.

SHEAF, C. A. E., M.R.C.P., F.R.C.S.Ed., has been appointed Surgeon to the Barrow Ship-building Company, Barrow-in-Furness.

SKIPWORTH, H., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Mountsorrel.

STEELE, R., L.R.C.P.Ed., M.R.C.S.E., has been appointed an Honorary Medical Officer to the West Herts Infirmary, vice Ambler, deceased.

STONE, G., M.B., has been appointed Honorary Assistant-Surgeon to the Liverpool Eye and Ear Infirmary, vice Williams, appointed Surgeon.

TARLETON, J. H., M.R.C.S.E., L.S.A.L., has been appointed Certifying Factory Surgeon for the District of Cheddar, vice Lawrence, deceased.

VINES, H. J. K., F.R.C.P.Ed., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the Littlehampton Port Sanitary District, at a retaining fee of £5 5s. per annum.

WATSON, J., M.D., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Manchester, vice Billing, deceased.

WELCH, J. B., M.B., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the Handsworth Urban Sanitary District, Staffordshire, at £120 for one year.

WELLS, J., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the No. 2 Medical Relief District of the Wolverhampton Union, vice Dunn, resigned.

WHARRY, A. J., M.R.C.S.E., has been appointed Resident Clinical Assistant to the City of London Hospital for Diseases of the Chest, Victoria-park.

WILLIAMS, R., L.R.C.P.Ed., M.R.C.S.E., L.F.P.S.G., has been appointed a Surgeon to the Liverpool Eye and Ear Infirmary, vice White, resigned, and since deceased.

WOOD, W. J., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the No. 2 Sub-district of the Wantage Rural Sanitary District, at £25 for one year.

WOOLLETT, S. W., M.R.C.S., L.S.A.L., has been appointed Assistant Resident Medical Officer to the Sussex and Brandenburgh House Asylums, Hammersmith.

WRIGHT, A., L.R.C.P.Ed., L.F.P.S.G., has been appointed Surgeon to the Convent of the Good Shepherd and Catholic Reformatory Institution at Finchley.

WRIGHT, T. B., M.D., L.R.C.S.Ed., has been appointed Certifying Factory Surgeon for the District of Walkeringham.

Births, Marriages, and Deaths.

BIRTHS.

CORBAN.—On the 27th ult., at Gibraltar, the wife of Laurence Corban, M.D., Surgeon-Major, Army Medical Department, of a daughter.

ROBERTSON.—On the 31st ult., at Benview, Dumbarton, the wife of John Robertson, M.D., of a daughter.

SIMMS.—On the 24th ult., at Highfield, Rock Ferry, the wife of James Simms, L.K.Q.C.P.I., Surgeon R.N., of a daughter.

THOMSON.—On the 1st inst., at 9, Burnbank-gardens, Glasgow, the wife of A. Tinling Thomson, M.D., of a son.

WILSON.—On the 27th ult., at Grey-place, Greenock, the wife of William A. Wilson, M.D., of a son.

MARRIAGES.

GODFREY—BANKS.—On the 1st inst., at the Parish Church, Kilmeston, by the Rev. S. D. Tilmas, of Charterhouse, assisted by the Rev. J. Heberden, Rector of Hinton Ampner, Charles Walter Godfrey, M.R.C.S.E., of Howden, to Emily, elder daughter of the late James Banks, Esq., of Wressle Castle, Yorkshire.

ROSS—SHARP.—On the 26th ult., at Blackford, James Ross, M.B., to Elizabeth, daughter of the late Daniel Sharp, Esq.

SETON—WEATHERHEAD.—On the 29th ult., at St. George's, Tufnell-park, David Elphinstone Seton, M.D., to Mary, daughter of John Weatherhead, Esq.

SMITH—DIGBY.—On the 17th February, at H.B.M.'s Agency and Consulate-General, Bangkok, Siam, by Thomas George Knox, Esq., G. Stevenson Smith, Esq., Surgeon to the Consulate, to Flora Frances Matilda Digby, of Bayswater, London.

DEATHS.

DAVEY.—On the 27th ult., at Folkestone, Surgeon-Major William Davey, Bombay Service, aged 58.

DEMAIN.—On the 26th ult., at Sheffield, Joseph Demain, M.R.C.S.E., aged 37.

DOUGALL.—On the 9th February, at Fort Blair, Andamans, Joseph Dougall, M.D., Surgeon-Major, Madras Army, aged 48.

ELLIOTT.—On the 13th January, 1879, in St. John's, Antigua, West Indies, Martha Ann, the beloved wife of Glanville O'Brien Elliott, M.D., Leeward Island Medical Service, Presidency of Dominica.

GARLAND.—On the 29th ult., at Cambridge (the result of a fall from his horse), Thomas Henry Garland, L.R.C.P., L.R.C.S., of Cambridge, formerly of Hokitika, New Zealand, aged 36.

JACKSON.—On the 28th ult., at Duncon, Duncan Jackson, L.F.P.S.G., aged 83.

JONES.—On the 17th ult., of melsena, Amy, eldest child of Robert William Jones, of 77, Vauxhall-bridge-road, Pimlico, aged 13 years.

LATTEY.—On the 18th February, at Uitenhage, Cape of Good Hope, Abraham Holy Hutchinson Lattey, M.R.C.P.L., aged 60.

MUTCH.—On the 23rd ult., at Orton, Westmoreland, William Mutch, L.R.C.P.Ed., aged 43.

RAY.—On the 26th ult., at Cambridge-street, Hyde-park, Edward Rutley Ray, M.R.C.S.E., of Milton, near Sittingbourne, aged 50.

WARD.—On the 24th ult., at Hyde-gardens, Eastbourne, Thomas Ogier Ward, M.D., aged 75.

WOODHOUSE.—On the 29th ult., at Reading, Richard T. Woodhouse, M.D., aged 78.

WORSLEY-BENISON.—On the 2nd inst., at Gordon Villa, Grange-road, Canonbury, Millie, wife of H. W. S. Worsley-Benison, aged 30.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

Notes, Short Comments, and Answers to Correspondents.

RELIEF FOR THE DISTRESS IN LONDON.

IN preparing and publishing a Report on the Distress in London, our sole object was to point out the danger to public health that must result from so much suffering and privation. Several gentlemen have, however, communicated to us their desire to assist the several cases mentioned if our Commissioner would undertake to distribute the sums they would subscribe. These spontaneous offers were altogether unexpected and, we may add, unusual; but, at the same time, we should not have felt justified in standing between the poor, whose condition we have described, and those who most generously offered to assist them. Our Commissioner has, therefore, consented to receive the money forwarded, which, in one instance, amounted to the sum of £25, and is now revisiting the cases and distributing this help among them. The task is, however, both difficult and delicate. It is necessary to take precautions that the money should not be squandered; and the contrast also of momentary plenty, coming suddenly after a long period of privation, might prove more injurious than beneficial to the health of ignorant or imprudent people. Excessive eating after excessive want is, at best, not wholesome, and it was therefore necessary to give the help gradually and, at first, with a sparing hand. Special care has been taken to provide for the children, whose health so frequently suffers from the poverty of the household. Relief in kind, clothes, and meat, distributed instead of money, will help to ensure warmth and a few good meals to those who have starved for so long. Contracts entered into with neighbouring butchers for the supply of a given quantity of meat, at stated intervals, to certain families will, we hope, ensure their enjoyment of that which is essential to the preservation of health. We only regret that we have not the means and the time to organise meals that would convey some lessons in domestic economy, and teach that the necessary nutritive qualities may be derived from many other and cheaper substances than butcher's meat.

Mr. John Taylor.—1. THE LANCET, Dec. 9th, 1876.—2. There have been several successful cases in England.

QUACKERY IN NEW SOUTH WALES.

To the Editor of THE LANCET.

SIR,—I quite endorse the remarks of "L.R.C.S. and L.R.C.P." as to the amount of quackery in New South Wales.

During a three months' stay in Sydney I made constant inquiries as to the prospects of a surgeon in the colony, and I found that unqualified practice was quite unrestrained.

Dr. Ou Lu, a Chinaman, "who looks into people's stomachs with a glass-tube," lives in an expensive house, and does a roaring trade. Some time ago a man with an American diploma applied to the Medical Board for registration. This was refused him, but he continued to practise. A registered man, who happened to be called into a case which he had attended, spoke of him as a "quack," and said that an old woman would have done as well. An action was brought against the libeller, and a fine of £200 imposed, which the other regulars subscribed to pay. These facts are glaring; but there is another view of the question which I should like to adduce, without for a moment attempting to palliate the existence of quackery.

Sydney has a population of 200,000, inclusive of the suburbs. It has ninety medical men who are registered. Would not any town at home have double that number? Yet fees are high, very high to anyone who has had experience of practice amongst the same classes at home. Moreover, young surgeons who come out are soon tempted up the bush by guarantees from the squatters (equivalent to our county families in position), who want a surgeon to settle among them, as it requires a large capital to commence in Sydney as Sydney people like. I had three such offers, though I had no intention of remaining in the colony. One gentleman, who offered to introduce me to a practice in a bush-township, wrote: "Think of it seriously; a good practice and climate, England idealised, and a very free life. A young man is a fool to try and make a practice at home when one can be made so easily here." Young men are liked in Sydney, as people think that they bring out the latest ideas from home; and in the bush, where the nearest doctor is probably a hundred miles away, any pretender is eagerly applied to.

When we consider the general hoplessness of an action against a quack at home and the unformed institutions of New South Wales, I cannot see that the latter is very blameable if we also consider the paucity of regular practitioners.

I know that the neighbouring colonies of Queensland and Victoria are quite as badly off in regard to unqualified practice. The County Court always supports a medical man's claim, and he can easily get a verdict for a fair amount without personal attendance. Compare that with our home institution.

In conclusion, the colony offers every inducement to a surgeon *who is steady* and does not mind the heat. The Sydney people are cordial and friendly to a degree.

Yours &c.,

Biggleswade, Beds, March 21st, 1879. J. B. EMMERSON, M.B.

MEDICAL MEN IN THE CHELMSFORD COUNTY COURT.

ACCORDING to the good reports of the *Chelmsford Chronicle*, the Judge of this Court has a keen power of seeing through the flimsy excuses that unprincipled patients so readily make for not paying their doctors bills, and a fine sense of humour at the same time. One defendant objected to a charge of Mr. Thomas Hodson's, of Ingatestone, of two guineas for a journey to London to consult with a physician about defendant's wife, that Mr. Hodson had some dinner in London. His Honour said: "Dinner is a business, no doubt, and an important business; but I don't see how that will affect the case." In another case, Mr. Orpen being the plaintiff, the defendant refused to pay £2 7*s.* 6*d.* for attendance on his wife, on the ground that the defendant's wife had joined Mr. Orpen's Club. There was only this flaw in the argument, that the subscriptions to the Club had not been regularly paid, which the Judge naturally considered a presumption that she had ceased to belong to the Club. Another defendant tried to get off payment on the ground that his wife had consumption, and could not be cured. In each case an order for payment was made. There was one statement alleged to be made by Mr. Orpen as to his system of charge which is probably misreported—viz., that he charged 1*s.* for a visit and 2*s.* 6*d.* for each bottle of medicine. It is quite contrary to present practice to consider physic as more valuable than the physician.

FEES OF POOR-LAW OFFICERS.

To the Editor of THE LANCET.

SIR,—The following case may be of interest to your readers as showing the kind of feeling which Boards of Guardians have toward their medical officers. Mr. Millerchip was soon dragged over the coals for inadvertence to duty; but parochial medical officers receive scant courtesy in cases where they have the moral, though not legal, right on their side. The case I refer to is as follows.

William D——, aged thirty-eight, when coming from Woodbridge with a waggon-load of hurdles (ten dozen), fell, and the waggon went over him. After he was taken home, two and a half miles from my house, I was sent for, and reached his place about ten o'clock at night. I found his left thigh and leg fractured and badly bruised; the upper fragment of the femur projecting very nearly through the skin. His wife said she was unable to pay me, and told me her circumstances. Up to the time her husband had been earning 15*s.* a week, but had saved nothing. Now he would receive 7*s.* 7½*d.* weekly from a Benefit Club. His family consisted of a wife and one child. I told her I could not attend without an order; but, as it was late that night, she did not apply to the overseer till the following morning. When she did so, Mr. Orford, the overseer, felt diffident about giving one, as the man was an employé of his own. He promised, however, to bring the case before the guardians, and, knowing he was favourable to my claim, I went on attending. He missed the first meeting of the guardians, and sent me word accordingly, but hoped I would go on attending. At the next meeting the Board refused the order by a majority of 2 (8 to 6), the minority including the chairman, vice-chairman, Mr. Orford (who was also a guardian), a medical man, &c. The clerk was also strongly in my favour. Strange to say, from the tone of the discussion the order would not have been refused had Mr. Orford given it, and, in fact, he was rather blamed for not doing so; but alas! because I had attended without delaying for an order, they would not grant one. Now, Sir, I fully expected to receive an order, and should certainly not have attended had I not expected one. Had I refused to have gone, everyone admits the guardians would have been forced to have given me an order, and since the accident I have not met with a single gentleman in my parish who denies my right to an order. Mr. Orford felt the injustice of the decision, and gave notice of a motion to refer the case to the Local Government Board. The guardians would not wait for a week, however, but decided there and then to send the case, and they did this unanimously. The Board replied as follows:—"Although there is no legal obligation on the guardians to pay the fee, the Board consider that the case of William D—— is one in which the fee in question may properly be paid by the guardians." Well, Sir, because the reply did not tally with the opinion of the majority of the Board present (although they had submitted the case *unanimously* to higher quarters), they decided to reject the advice by 8 to 6. Strange to say, the guardians by their action admit the man is a pauper by supplying him weekly with beef and porter. Certainly it is at my suggestion; but then why not follow my suggestion in the other case? I cannot help considering that they have taken a mean and undue advantage of my going without an order. Not seeing any prospect of the man being able to work for many months, and even then not at his usual occupation, the chance of my being paid is very remote. Owing to the excessive bruising, the fracture has become compound, as sloughing took place shortly after the accident. Whether the guardians are wise remains to be seen. They give me £68 a year as medical officer over 18,050 square acres, containing a population of 3120 (2500 at least of whom are Suffolk labourers), many of my pauper patients living five and six miles away, and our relieving officer nine miles from six out of the eight parishes of my district. Under these circumstances, I intend appearing before the Board on Thursday next, and, if suitable remuneration is not granted to me, to resign the appointment. It is more than probable that my resignation will be accepted, and, if so, I can only say I am sorry for the prospects of my successor.

I am, Sir, yours truly,

EDWARD F. S. GREEN, M.B.

Alderton, Woodbridge, April 1st, 1879.

THE LONDON COTTAGE MISSION.

THE crowd of hungry children, numbering several hundred, that presented themselves on Wednesday at the doors of the Conder-street Hall, Limehouse, to partake of the fourteenth Irish-stew dinner given by the London Cottage Mission, of 14, Finsbury-circus, E.C., was no mean sight, and one that shows only too plainly the sad distress that still exists, even though milder weather has come upon us. The little ones brought, as usual, their plates and spoons, and quietly waited until their turn came to participate in so good a meal. They were ravenously hungry, and devoured with the greatest rapidity and relish the Irish-stew, which was repeatedly served to them. Such a real work of charity that feeds the hungry, and has for its one aim the social, intellectual, and religious elevation of the working classes, should have the warmest support of the benevolent and philanthropic; and as the funds are now exhausted, we hope that the benefactors who have so far enabled this Mission to do so much good will not allow it to collapse for the want of means. The smallest donations will be thankfully received by Miss F. Napton, 304, Burdett-road, Limehouse, E.; and by Mr. Walter Austin, at the Office of the Mission, 14, Finsbury-circus, E.C.

Eustachian.—Allen's Diseases of the Ear, or Woakes's recently published work.

PUERPERAL CONVULSIONS.

To the Editor of THE LANCET.

SIR,—Perhaps you may find space in your valuable journal for the notes of the following case, which occurred in my practice some few months ago.

On Nov. 9th, 1878, about 5.30 P.M., I was sent for to see a woman in labour with her first child. The midwife informed me that "from about 1 P.M. she seemed queer, and had an occasional sort of fit." When I arrived I found the patient quite insensible, frothy mucus and blood flowing from her mouth, and the end of the tongue completely chewed to a pulp. On vaginal examination, the os could just be reached, but was not dilated sufficiently to admit even the point of the finger. I sent for six leeches, and ordered them to be applied to each temple, and in the meantime returned home for my instruments and a long male catheter. On my return I found the convulsions stronger and much more frequent. I passed the catheter through the os, tied it there, and emptied the bowels with a soap-and-water enema. Cold cloths were also applied to the head. In half an hour from the time the catheter was inserted, the os had dilated sufficiently to admit the long forceps being used. After some little difficulty, owing to the frequency of the fits, I managed to pass the forceps over the child's head, and delivered the woman without further trouble. After this the convulsions were less frequent, though they continued throughout the night.

Next morning she was better, and in the afternoon there was a decided improvement, she only having an occasional fit, though she was still unconscious. Ordered thirty-grain doses of bromide of potassium every four hours.

Nov. 11th.—Condition improved; convulsions ceased; semi-conscious; says "beef-tea is nice."

12th.—Improving, though not thoroughly conscious.

13th.—Acute peritonitis set in. She rapidly became worse, and died on the 14th.

This was an unfortunate termination to what I thoroughly believe would have been a successful case. I have no doubt the peritonitis was brought on through exposure to cold, as the people were in a state of almost abject poverty, and had very few bedclothes to cover this poor woman with.

Upon looking over the cases of puerperal convulsions reported in your journal, I feel sure everyone will be convinced that to empty the uterus of its contents is the main thing in these cases, treatment medically being a secondary consideration.

I am, Sir, yours truly,

Dawley, Salop, March, 1879. HOWARD DAVIS.

J. L.—A member of the Royal College of Surgeons is particularly declared on his admission to be exempt from serving on juries; but see the annotation, "The Profession and Militia Duty in Jersey," which collaterally touches the question raised. The name should be removed from the List, otherwise the exemption may not avail him.

A. H. B.—Messrs. Hardwicke and Bogue, Piccadilly, publish a work comprising the information required.

PROGNOSTIC VALUE OF HERPES LABIALIS IN PNEUMONIA.

To the Editor of THE LANCET.

SIR,—In a letter in your issue of March 15th, a correspondent inquires the prognostic value of herpes labialis in pneumonia. This phenomenon has greatly interested me during the last two years since hearing a remark made by Dr. Broadbent, that herpes was invariably preceded by rigors. In every case I have seen since I have found this true, though I have observed that the crop of herpes bears very little relation to the amount of rigor. From this I was led to investigate the phenomenon in other cases where the nervous system has received a severe shock, and soon had the opportunity of watching over fifty cases of internal urethrotomy. In the majority of these cases rigors took place, and were invariably followed by a crop of herpes; whereas in those cases where no rigors occurred, herpes was absent. As in pneumonia, it added very little to the prognosis. Yours faithfully,

Yorktown, March 18th, 1879. HORACE MANDERS, F.R.C.S.

TINNED EDIBLES.

IT has been necessary to destroy at Liverpool, in the course of last week, 10,020 tins of salmon, 543 tins of lobster, 226 tins of beef, and, in another case, 92 more tins of salmon. If we add to this a fine of £5 imposed on one delinquent convicted of selling rotten and dropsical sheep, and the fact that a number of other persons were prosecuted for exposing for sale unwholesome fish, we have a picture that is scarcely appetising of what the food supply would be but for the intervention of the law.

A Young Civil Surgeon.—Apply at the Office of the Medical Department of the Army.

WILLIAM HARVEY.

To the Editor of THE LANCET.

SIR,—The enclosed, taken from the *Spirit of the Public Journals* for the year 1823, may be of interest to those of your readers who may not have seen it. I am, Sir, yours truly,

Rothwell, Feb. 1879. J. MORE REID, M.B.

"DR. HARVEY.

"He lies buried in a vault at Hampsted, in Essex, which his brother, Eliab Harvey, built; he is lapt in lead, and on his breast in great letters, 'Dr. William Harvey.' I was at his funerall, and helpt to carry him into his vault.

"When K. Ch. I., by reason of the tumults, left London, he attended him, and was at the fight of Edgehill with him; and during the fight the Prince and the Duke of York were committed to his care. He told me that he withdrew with them under a hedge, and took out of his pockett a booke and read; but he had not read very long before a bullet of a great gun grazed on the ground neare him, which made him remove his station; he told me that Sir A. Scrope was dangerously wounded then, and left for dead amongst the dead men, stript; which happened to be the saving of his life. It was cold, clear weather, and a frost that night, which staunched his bleeding; and about midnight, or some hours after his hurt, he awaked, and was faine to drawe a dead body upon him for warmeth sake.

"He was, as all the rest of his brothers, very cholerique; and in his younger days wore a dagger (as the fashion then was—nay, I remember my old schoolmaster, Mr. Latimer, at 70, wore a dudgeon, with a knife and bodkin, as also my old grandfather Lyte, and Alderman Whitson of Bristowe, which I suppose was the common fashion in their young days), but this doctor would be apt to drawe out his dagger upon every slight occasion. In visiting his patients, he rode on horseback, his man following on foot, as the fashion then was, which was very decent, now quite discontinued. The judges rode also with their foot-clothes to Westminster Hall, which ended at the death of Sir Robert Hyde, Lord Chief Justice. Auth, Earl of Shaftesbury, would have revived it; but several of the judges, being old and ill horsemen, would not agree to it."

Aubrey MS. at Oxford.

Subscriber to THE LANCET.—Roberts's Handbook of Medicine; Druitt's Surgeon's Vade-Mecum; Charteris's Practice of Medicine; Silver's Pocket Doctor; Wilson's Handbook of Hygiene; Ship Captain's Medical Guide (published by authority of the Board of Trade); Tanner's Memoranda on Poisons; Playfair's Midwifery.

CORONERS' INQUESTS.

To the Editor of THE LANCET.

SIR,—I have held office nearly forty years under four coroners—viz., Mr. Stirling, Mr. Wakley, Dr. Lankester, and Dr. Hardwicke,—and have never yet been able to find any rule by which inquests are held and are not held.

I have always protested against this subject being left to the so-called coroners' officers. I have always considered it a degradation to receive a letter from persons of this class, informing me that it is considered that no inquest is necessary, after I have submitted a case to the coroner.

I was examined some years since by a Committee of the Middlesex Magistrates, and there gave my opinion, *which I still adhere to*, that the registrar should in *doubtful* cases apply to some medical man holding a *public appointment*, who should issue a certificate that in his opinion no inquest is necessary, and for his trouble and that of viewing the body he should be entitled to a small fee. In large parishes or districts this duty should not devolve on any one particular medical man; but the registrar should be enabled to apply to the one most convenient at the time, holding such an appointment, which, under the present rules of the Local Government Board, involves the double qualification of L.S.A. and M.R.C.S., or some others.

I am, Sir, your obedient servant,

W. H. BUTTERFIELD, Registrar.

Upper-street, Islington, March 28th, 1879.

THE INJECTION OF WARM WATER INTO THE VAGINA IN CERTAIN CASES OF LABOUR.

To the Editor of THE LANCET.

SIR,—Dr. Kilner refers to this practice in the last number of THE LANCET, and the cases he relates are interesting. But Dr. Kilner does not seem to know that the point has been referred to by Dr. Playfair in his "Treatise on the Science and Practice of Midwifery," second edition, vol. ii., pp. 22, 23. Your obedient servant,

Bath, April 1st, 1879. JOHN K. SPENDER, M.D.

DEWSBURY AND DISTRICT GENERAL INFIRMARY.

A VERY unhappy difference has occurred between the medical staff and the Board of Management of this institution. Two vacancies had occurred, as we understand the newspaper report. The Board thought it desirable that one of these vacancies should be filled by Dr. Broughton, practising at Heckmondwike, one of the districts implied in the title of the infirmary. The medical staff, on the contrary, while disclaiming personal objections to Dr. Broughton, thought the staff large enough, and Dr. Cameron, in their interest, proposed an amendment to this effect. The amendment was lost by 10 to 7. Immediately thereafter the medical staff tendered their resignation in a body. We cannot express a confident opinion, at this distance, on the chief point in dispute between the staff and the Board. It is very probable that the staff were right in their contention; but it is not denied that the Board was acting within the rules of the infirmary. It seems to us that nothing but a serious difference on a matter of principle could justify such an extreme course as that of collective resignation of the staff of a public institution on the spur of an unfavourable division.

THE ETHYLATE OF SODIUM.

To the Editor of THE LANCET.

SIR,—I have quite recently been trying the ethylate of sodium at the Belfast Skin Hospital, and, with your permission, beg to make the following very brief remarks.

My first case was that of a nævus, situated on the forehead, communicating through the bone, with cerebral circulation. The patient, a boy, aged three years; the nævus about the size of a small walnut. Four applications of the ethylate of sodium removed the deformity. I think Dr. Richardson is right when he says that this remedy is a specific for nævus. I have also removed a small patch of cutaneous cancer on the lower lip by the ethylate; whilst three cases of lupus and one of warty growth on the back of the hand are progressing satisfactorily under treatment. The four results obtained by the application of the ethylate of sodium—1st, removal or absorption of water from the tissue into the ethylate; 2nd, destructive action of a caustic from the caustic soda that is formed; 3rd, coagulation from the alcohol that is produced; and 4th, prevention of decomposition of the dead organic substance that is formed—were observed in the case of nævus.

I merely jot down the above for the purpose of calling attention to a remedy that is likely to admit of a wide range of action.

I remain, Sir, yours &c.,

Belfast, March 11th, 1879. H. S. PURDON, M.D.

Dr. Lowson's paper on "Excision of a Stricture of the Rectum" shall appear, if possible, next week.

Mr. Williams is thanked.

A SHORT CLINICAL NOTE ON INTERSTITIAL PNEUMONIA.

To the Editor of THE LANCET.

SIR,—In interstitial pneumonia the connective tissue of the lung is attacked. This is a very frequent disease, and if allowed to run its whole length, and become demonstrably recognisable, it is then impossible to do anything to soften or resolve the cicatricial tissue. Having in the course of both public and private practice met with such serious results in many cases, it occurred to me that prevention in such cases might be better than cure, and so when in a case the lung gives signs of persistent solidity following upon a recent attack, and does not show a tendency to recover its function upon the general restoration of power, I have noticed that iodide of potassium in full doses has had a most beneficial effect. Signs of improvement in the lung condition have followed in answer to the remedy, acting as a solvent upon a condition of structure *on its way* to be converted into a callous, bloodless substance; thus restoring structure to use instead of allowing it to arrive at a condition useful only for demonstration at a post-mortem, as the resultant of the unaided progress of diseased action.

I remain, Sir, yours &c.,

EDWIN PAYNE, M.D., M.R.C.P. Lond.,
Late Physician to the North London Hospital for
London, March, 1879. Chest Diseases.

FEES FOR EVIDENCE IN POLICE COURTS.

To the Editor of THE LANCET.

SIR,—A few days ago I admitted a man into hospital who had attempted to commit suicide by cutting his throat. I attended to the case in the usual manner, and next day was sent for by the police to give evidence at the Court. I thus attended twice, and, having been duly sworn, gave medical evidence on each occasion. At the conclusion of the case I applied for the usual fee of £1 1s.—i. e., 10s. 6d. for each attendance, but was told that, as the man cut his *own* throat, no expenses could be allowed me.

As we have lately had a good deal of trouble in getting fees for attendance at the Police Office in this town, I should be very greatly obliged if you would express an opinion on the law as regards the above.

I am, Sir, yours truly,

F. REKAB, House-Surgeon.
Borough Hospital, Birkenhead, March, 1879.

*** The witness was in this case simply called to speak to facts. He was not summoned as an expert, and has no claim to any but the ordinary fee.—ED. L.

CURIOUS CASE OF FRACTURE OF A RIB.

To the Editor of THE LANCET.

SIR,—If you consider the following case of sufficient interest, will you kindly find a place for it in your columns?

On February 8th I was asked to see a lady who had previously called upon me and requested me to attend her in her approaching confinement. On arriving at her house, I found her dressed, walking about, and able to attend to her usual household duties. She told me that she had had a troublesome cough for some time past, which since the morning had been accompanied by considerable pain in her left side. There being no fever, acceleration of pulse, or other symptoms of pleurisy or acute lung trouble, I did not consider it necessary to examine her, but suggested she should wear a bandage as a support, and sent her some medicine. The next day and until the 13th (when she was confined, without any special pain in the side or other difficulty) she declared herself better. On the evening of the 17th she sent for me, saying the pain in the side was much worse, and I therefore examined her carefully, with the result of finding the sixth rib broken about two inches from the angle. I strapped and bandaged her, and she is now comfortable and doing well. She now tells me that on the morning of the 8th inst., on rising from her bed, she had a severe fit of coughing, and felt something snap, though she is sure that she had neither fall nor blow, nor direct hurt of any kind.

The case is a rare one, and shows the wisdom of carefully examining any part in which pain is complained of, inasmuch as, in this case, the cause may be very different from that supposed.

I am, Sir, yours truly,

Newcross, S.E., Feb. 19th, 1879. CHAS. T. BROOKHOUSE, M.D.

Sanitas.—There *would*, we think, be a risk in continuing the remedy our medical correspondent mentions.

Another Bird caught with Chaff is thanked: but we have not space for his communication.

Mr. Wm. Jelly, (Huelva, Spain.)—The report and the translation referred to have been received.

MONSTROSITIES.

To the Editor of THE LANCET.

SIR,—The hideously remarkable, if not unique, case of fœtal monstrosity described by Mr. Gramshaw recalls a case which happened to me recently, where, although there was not a "misplacement of a perfectly-formed part," unless a single eye centrally situated may be so termed, difficulty in diagnosis of a similar character might have occurred to an accoucheur. In Mr. Gramshaw's case no mention is made of any difficulty—rapid labour or other circumstances having probably prevented it; but it is obvious that the malposition of the male organ, if it first presented, might have led what was really a head presentation to be mistaken for a breech. In my case, on digital examination, the following conditions were tangible:—The os uteri was about two-thirds dilated, and through it projected a mass divided by a longitudinal sulcus, and at one end of this was an aperture. During pains the lateral portions of this mass became tense and protuberant, comparative flaccidity marking each interval. This was all that could be felt at this stage. Soon, however, the os dilated farther, and more of the mass descended, discovering, successively, a fleshy excrescence, which might have been mistaken for a male appendage, and after that a second aperture. Matters had become sufficiently complicated; but kind nature speedily solved her own mystery by the complete extrusion of a monoptic anencephalous monster of large size, and, in other parts, of perfect formation. It was not literally anencephalous, or without brain; but the cerebral hemispheres were spread out over a ventricular dropsy, and covered with membranes, the dura mater being tough and skin-like, the sulcus corresponding with the attachment of the falx major causing the longitudinal depression, which during parturition had simulated the division between the nates. Yours &c.,

Brighton, March 29th, 1879. JOSEPH STEPHENS, M.D.

To the Editor of THE LANCET.

SIR,—I have read in your issue of last week a description by Mr. Gramshaw of a monster. In reply to the question at the end of his letter, I offer the suggestion that the penis on the forehead is not a misplacement of a perfectly-formed part belonging to the child originally. A rudimentary penis is present in the normal position. It strikes me that the conception was a twin one, and that at a very early stage of gestation union took place between the bodies, while an arrest of development to an extraordinary extent occurred in one, rendering a separate circulation for each fœtus unnecessary. The existence of the supernumerary fingers favours this view. Did the mother at an early period of pregnancy suffer from any shock or illness?

I am, Sir, yours &c.,

Minster, Sheerness, April 4th, 1879. G. BLAND, L.R.C.P., &c.

To the Editor of THE LANCET.

SIR,—In Mr. Gramshaw's letter on the above subject, he asks if other obstetricians have seen any similar cases to the one he mentions. I remember some years ago attending a case in which the child when born had a supernumerary finger attached by a pedicle of skin to each little finger. These I removed, and the child, whose formation was natural in every other respect, was living when I left the neighbourhood some years after. Yours &c.,

March, 1879. J. J. SEWELL, M.R.C.S., &c

*** Such cases are by no means uncommon or remarkable.—ED. L.